



Thank you for your application. If you have questions, please contact an IFA project manager. 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, 501(c)(3) Non-Healthcare Facilities, and Student Loan Revenue Bonds)

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.**

**7. History and Background of (a) Borrower and (b) the subject Project (or Financing, if applicable):**

**Please provide a history of the corporation, date of incorporation, charitable purpose (if a 501(c)(3) owner), 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 attach a current listing of the organization's board of directors and a copy of the organization's 501(c)(3) Letter of Determination from the IRS.**

**8. 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.**

**9. Facility Financings (if applicable):**

- 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. (Please note if "Not Applicable"):

**10. Present Zoning Classification (if applicable):** \_\_\_\_\_

Rezoning is contemplated to obtain a classification of \_\_\_\_\_

No rezoning is necessary; permitted use exists.

Variances are required (specify) \_\_\_\_\_

**11. Unusual Site Features (if applicable):**  
PLEASE EXPLAIN**12. Please identify the current building and/or landowner for any site to be acquired (if applicable). Please attach additional information if more than one site is to be acquired.**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Contact Name and Phone Number: \_\_\_\_\_

**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 or beneficial to this project?

**15. Management:**

Please list those persons responsible for the (i) management of the borrower/project owner and (ii) day-to-day 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/Financing: Uses of Sources of Funds:

Requested Not-to-Exceed 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					
IFA Student Loan Revenue Bonds					
Cost of Issuance – IFA Bonds					
Refunding Prior Bonds					
Refunding Escrow					
<b>Total</b>	\$		\$		\$

Sources of Funds	Total Source
IFA Tax-Exempt Bonds/Leases – New Money Bonds	\$
Bank Financing	
IFA Tax-Exempt Bonds/Leases – Refunding Bonds	
IFA Taxable Bonds:	
IFA Tax-Exempt Subordinate Bonds:	
Borrower Equity	
Other - Subordinate Debt (identify source(s))	
Other:	
<b>Total</b>	\$

**18. Lines of Credit and Other Bank 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. Please attach a Term Sheet (dated) if available.

**20. Revenue Sources:**

Identify what sources of revenue will repay the IFA bonds. 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 Agreement:**

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

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

**22. Current and Projected Employment**

One of the purposes of the Illinois Finance Authority is to create new, full- and part-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 – (New Projects or Acquisition/Rehab only)	2 Years After Project Completion Date – (New Projects or Acquisition/Rehab only)
Professional	_____	_____	_____
Clerical and Administrative	_____	_____	_____
Skilled	_____	_____	_____
Unskilled	_____	_____	_____
Other	_____	_____	_____
<b>Total</b>	_____	_____	_____

- List the assumptions used for employment projections (New Money or Acquisition/Substantial Rehabilitation Projects only) :

- Please estimate the number of construction jobs to be created as a result of this project (New Money or Acquisition/Substantial Rehabilitation Projects only):

- Estimated number of months construction workers to be employed (General Contractor should provide guidance for this estimate – New Money or Acquisition/Substantial Rehabilitation Projects only): \_\_\_\_ months



**23. Professional Firms Engaged by the Applicant:****A. External Counsel to Borrower (or identify internal counsel, if no external counsel will be engaged)**

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

**E. Underwriter or Placement Agent:**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

(\_\_\_\_\_) \_\_\_\_\_  
Telephone/Email Contact Person

**F. Co-Managing Underwriter (if applicable – attach exhibit if more than one):**

\_\_\_\_\_  
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 (if applicable):**

Name		
Address		
City	State	Zip
( )		
Telephone/Email	Contact Person	

**J. General Contractor (if applicable):**

Name		
Address		
City	State	Zip
( )		
Telephone/Email	Contact Person	

**K. Market Study/Real Estate Appraisal Report(s):**

Name		
Address		
City	State	Zip
( )		
Telephone/Email	Contact Person	

- L. 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.**

- M. Application Fee: Please contact your IFA project manager to request an invoice to remit payment of IFA's \$1,000 application fee. IFA accepts payment via ACH, Wire Transfer, or payment via check directly to IFA's lockbox. We will prepare an invoice with payment instructions.**

**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.

By signing this application in the space below, the Applicant acknowledges that Illinois Finance Authority (“IFA”) transaction documents will require the Borrower to acknowledge that the Borrower will be responsible at all times the subject IFA Bonds remain outstanding for being in compliance with all applicable federal, state, and local laws, regulations, and ordinances that pertain to any project site financed, in all or part, with IFA Bond proceeds.

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: \_\_\_\_\_

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_

#### Offices of the Illinois Finance Authority

Chicago	160 N. LaSalle St., Suite S-1000, Chicago, IL 60601-3124	(T) 312.651.1300	312.651.1350 fax
Mt. Vernon	2929 Broadway, Suite 7B, Mt. Vernon, IL 62864	(T) 618.244.2424	618.244.2433 fax

Website: [www.il-fa.com](http://www.il-fa.com)

TTY: 1.800.526.0844 | VOICE : 1.800.526.0857