|  |
| --- |
| CALIFORNIA INFRASTRUCTURE AND ECONOMIC DEVELOPMENT BANK (IBANK)**EXEMPT FACILITY BONDS APPLICATION** |
|  |
| **1. DATE SUBMITTED** | **2. DATE RECEIVED BY IBANK** |
| **APPLICANT INFORMATION** |
| **3. LEGAL NAME OF APPLICANT**       | **4. DATE ORGANIZED**       |
| **5. MAILING ADDRESS OF APPLICANT** *(include street, suite #, city, county, state, and ZIP code)*Street      Suite #      City      County      State       ZIP Code       | **6. PRIMARY CONTACT INFORMATION**Name:      Title:      Address (if different):      Phone:      E-mail:      Website:       |
| 1. **HOW DID YOU HEAR ABOUT IBANK?**

      |
| FINANCING INFORMATION |
| **8.** **PRINCIPAL AMOUNT**: $      **TAX-EXEMPT** $      **TAXABLE** $      |
| **9. PROPOSED CLOSING DATE**      | **10. MATURITY**     Years | **11. INTEREST RATE MODE**[ ]  Fixed [ ]  Variable  |
| **12. TYPE OF OFFERING**[ ]  Public Offering [ ]  Private Placement  | **13. MINIMUM** **DENOMINATIONS**$      | **14. CREDIT ENHANCEMENT**[ ]  None[ ]  Letter of Credit[ ]  Bond Insurance[ ]  Other (*specify*):       |
| **15. NAME OF CREDIT ENHANCEMENT PROVIDER OR PRIVATE PLACEMENT PURCHASER** **(IF ANY):**[ ]  Credit Enhancement Provider:       [ ]  Private Placement Purchaser:       | **16. EXPECTED CREDIT RATING** **Borrower Credit Enhancement** **Provider**[ ]  S&P            [ ]  Moody’s            [ ]  Fitch            [ ]  Unrated |
| **17. TYPE OF FINANCING**: [ ]  Acquisition of Existing Facility [ ]  New Construction[ ]  Refunding**(Please mark all of the above categories that apply.)** |

|  |
| --- |
| **PRINCIPAL FINANCE TEAM INFORMATION** |
| **18. UNDERWRITER1/PRIVATE PLACEMENT AGENT**Contact:      Title:      Firm:           Address:       Phone:      E-mail:       | **19. BOND COUNSEL**Contact:      Title:      Firm:      Address:           Phone:      E-mail:       |
| **20. UNDERWRITER’S COUNSEL**Contact:      Title:      Firm:      Address:      Phone:       E-mail:       | 1. **DISCLOSURE COUNSEL**

Contact:      Title:      Firm:      Address:            Phone:      E-mail:       |
| 1. **TRUSTEE/TENDER AGENT**

Contact:      Title:      Firm:      Address:            Phone:       E-mail:       | **23. FINANCIAL ADVISOR/ CONSULTANT**Contact:      Title:      Firm:       Address:            Phone:       E-mail:       |
| **ADDITIONAL INFORMATION** |
| Please provide the following additional information: |
| ATTACHMENT | DESCRIPTION OF INFORMATION: |
|  A B C  D  E  F G H I J K  L M  | - History of applicant, including applicant’s mission and objectives.- Names, titles, city and state of applicant’s corporate officers and board members.- Purpose and description of each facility or project to be financed, including estimated timeline with start and completion dates. For construction projects, provide the name of the Construction Company or Developer completing the work. For property acquisition, provide the name of the seller.- Address of each facility to be financed with any project funds including street address, city, county, and ZIP code.- Comprehensive description of the project public benefits (including, but not limited to: economic values added to the state, number of jobs created and retained and its environmental impacts).- Description of any past, present or potential controversy connected with the project or financing.- Project’s sources and uses of funds.- Project’s permit status.- Evidence of credit enhancement or intent to purchase bonds (if available).- List of outstanding prior debt (tax-exempt and taxable) .- Contact information including name, title, firm, address, phone, and email address for all finance team members.- Bylaws and Conflicts of Interest Policy (if any).- Draft bond documents and copy of lease. |

|  |
| --- |
| **APPLICANT CERTIFICATION**  |
| I,       *(name of signatory)* as       *(name of position)*, an authorized officer of the       *(name of applicant)*, certify that, to the best of my knowledge, the information contained in this application, including all attachments, is true and accurate.I certify the project is consistent with existing local or regional comprehensive plans. Signature:       Date:       1. Please note that for Publicly Offered bond transactions the Underwriter must be listed on the California State Treasurer’s Underwriter Pool list. For more information, please refer to <http://www.treasurer.ca.gov/bonds/pools/underwriter.asp>.
 |
| **IBank Fee Schedule for Exempt Facility Bonds****Application Fee:** The Application Fee is due when the application is submitted (non-refundable).

|  |
| --- |
|  |
| **Par Amounts** | **Application Fee** |
| **≤ $1,000,000** | **$2,000** |
|  **$5,000,000** | **$2,500** |
| **$10,000,000** | **$2,500** |
| **$30,000,000** | **$3,000** |
| **$50,000,000** | **$3,500** |
|  **$100,000,000** | **$3,500** |
|  **$200,000,000** | **$4,000** |
|  **$300,000,000** | **$4,000** |
|  **$400,000,000** | **$4,000** |
|  **$500,000,000** | **$4,500** |
|  **$1,000,000,000** | **$4,500** |
|  **> $1,000,000,000** | **$5,000** |

**Issuance Fee:** The Issuance Fee is payable upon bonds/obligations closing.**Annual Fee:** The Annual Fee is based on the par amount outstanding until the bonds/obligations are fully redeemed.

|  |
| --- |
|  |
| **Par Amounts** | **Issuance Fee** | **Annual Fee** |
| **≤ $1,000,000** |  **$2,500** | **$500** |
|  **$5,000,000** |  **$12,500** | **$500** |
| **$10,000,000** |  **$25,000** | **$500** |
| **$30,000,000** |  **$45,000** |  **$1,000** |
| **$50,000,000** |  **$55,000** |  **$2,500** |
|  **$100,000,000** |  **$75,000** |  **$3,000** |
|  **$200,000,000** |  **$100,000** |  **$3,000** |
|  **$300,000,000** |  **$125,000** |  **$3,500** |
|  **$400,000,000** |  **$150,000** |  **$4,000** |
|  **$500,000,000** |  **$200,000** |  **$5,000** |
|  **$1,000,000,000** |  **$300,000** |  **$6,000** |
|  **> $1,000,000,000** |  **$400,000** |  **$8,000** |

**Agent for Sale Fees for Exempt Facility Bonds****State Treasurer’s Office (STO) Agent for Sale Fee:** On Public Offering transactions that the State Treasurer’s Office acts as Agent for Sale, applicants will pay STO’s Agent for Sale Fee directly to STO.

|  |  |  |
| --- | --- | --- |
| **Par Value** | **Variable Rate Transactions Using Template Documents\*** | **All Other Transactions** |
|  **≤$5,000,000**  | **$3,000** | **$4,000** |
|  **$5,000,001 - $40,000,000** | **$4,000** | **$6,000** |
|  **$40,000,001 - $100,000,000** | **$6,000** | **$8,000** |
|  **>$100,000,000** | **$8,000** |  **$10,000** |

\*Template Documents involve the use of the PFD pre-approved form of bond purchase agreement/contract.**California Debt Limit Allocation Committee (CDLAC) Fee****CDLAC Fee:** To obtain information regarding the California Debt Limit Allocation Committee (CDLAC) Application Fee, please refer to: [**http://www.treasurer.ca.gov/cdlac/applications/exempt/index.asp**](http://www.treasurer.ca.gov/cdlac/applications/exempt/index.asp).  Please submit one original application, all attachments, and the *non-refundable* Application Fee via a check made payable to the California Infrastructure and Economic Development Bank (or wire transfer /ACH) to the following: California Infrastructure and Economic Development BankAttn: Bond Finance ManagerP.O. Box 2830Sacramento, CA 95812-2830Please contact Bond Financing Program to obtain the ACH and Wiring Instructions.  |

|  |
| --- |
| **ATTACHMENT A** |

HISTORY OF APPLICANT

INCLUDING APPLICANT’S MISSION AND OBJECTIVES

Note: If applicant is affiliated in any respect with a religious organization, please list the organization and explain the affiliation.

|  |
| --- |
| **ATTACHMENT B** |

NAMES AND TITLES AND AFFILIATIONS

OF APPLICANT’S CORPORATE OFFICERS AND BOARD MEMBERS

|  |
| --- |
| **Officers** |
| [XXXX], Chief Executive Officer       |
| [XXXX], Chief Operating Officer       |
| [XXXX], Chief Financial Officer       |
|  |
| **Board Members** |
| XXX, [Board Chair]       | Position:      Affiliated Company:      City, State:       |
| XXX, [Secretary]       | Position:      Affiliated Company:      City, State:       |
| XXX, [Member]       | Position:      Affiliated Company:      City, State:       |
| XXX, Member       | Position:      Affiliated Company:      City, State:       |
| XXX, Member       | Position:      Affiliated Company:      City, State:       |
| XXX, Member       | Position:      Affiliated Company:      City, State:       |

Please include details of any known relationships between the applicant or affiliate(s) of the applicant, with any of the key financing team members (i.e. common ownership, financial transactions or agreements aside from normal bond financing documents).

|  |
| --- |
| **ATTACHMENT C** |

**PURPOSE AND DESCRIPTION**

**OF EACH FACILITY OR PROJECT TO BE FINANCED**

Please provide:

1. Comprehensive purpose and description of each facility or project that requires financing; and

2. Complete the following Table and include Project photos and/or architectural renderings.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Project Site** | **Construction Start Date** | **Expected Construction Completion Date** | **Estimated Project Cost** | **Construction Company/Developer** | **Property Seller (for property acquisition)** |
|       |       |       |       |       |       |
|        |        |        |        |        |        |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |

|  |
| --- |
| **ATTACHMENT D** |

ADDRESS OF EACH FACILITY

TO BE FINANCED WITH ANY PROJECT FUNDS

Please provide detailed address:

Street

Suite #

City

County

State

 ZIP Code

Street

Suite #

City

County

State

 ZIP Code

Street

Suite #

City

County

State

 ZIP Code

|  |
| --- |
| **ATTACHMENT E** |

COMPREHENSIVE DESCRIPTION

OF PROJECT PUBLIC BENEFITS

All Exempt Facility projects approved through IBank must provide clearly defined public benefits. Please provide:

1. Comprehensive description of the organization’s public benefits, as well as any that are associated with the facility (ies) (such as economic, cultural, educational, and environmental benefits and any job creation or retention).

2. Purpose of the Original Debt (s) that will be refunded and the related Trustee.

3. Complete the following Tables with highlights of Project (s) & Job Creation, Current Debt and Analysis of Refunding Cost Savings, if applicable. (Please add rows as needed.):

|  |
| --- |
| **Project (s) & Jobs Information** |
|  | **Current Employees** | **Job Creation** |
| **Project** | **Full Time** | **Part Time** | **Construction** | **Full Time** | **Part Time** |
|  |       |       |       |       |       |
|  |       |       |       |       |       |

|  |
| --- |
| **Current Debt (Refunding Candidate)** |
| **Bond Series/ Loans** | **Issuer** | **Issued Par Amount** | **Issue Date** | **Current Outstanding****Balance** | **Interest****Rate** | **Maturity****Date** | **Date Project Completed** |
|       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |

|  |
| --- |
| **Analysis of Refunding Cost Saving** |
| **Bond Series / Loans** | **Debt Service Savings/Yr.** | **PV of Total Savings** | **Ratio of PV Savings to the Par Amount of Refunded Debt** | **Public Benefits of PV Savings** |
|       |       |       |       |       |
|       |       |       |       |       |

\***Present Value (PV)**

***Note:*** If Refunding will not result in any cost savings, please describe the reason(s) forrefinancing**.**

|  |
| --- |
| **ATTACHMENT F** |

DESCRIPTION OF ANY PAST, PRESENT OR POTENTIAL CONTROVERSY

CONNECTED WITH THE PROJECT OR FINANCING

|  |
| --- |
| **ATTACHMENT G** |

PROJECT SOURCES AND USES OF FUNDS

Please provide a comprehensive accounting of the project, including:

* All sources of funds (including but not limited to bond funds, equity, donations, grants); and
* All uses of these funds.

**Sample Sources and Uses:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Estimated Sources of Funds** | **Amounts** | **Estimated Uses of Funds** | **Amounts** |
| Tax-Exempt Bonds Proceeds |       | Land Acquisition |       |
| Taxable Bonds Proceeds |       | New Construction |       |
| Borrower Funds |       | Renovation/Retrofit |       |
|       |       | Equipment/Furniture |       |
|       |       | Costs of Issuance |       |
|       |       |       |       |
| **Total Sources** |  | **Total Uses** |       |

|  |
| --- |
| **ATTACHMENT H** |

PROJECT PERMIT STATUS

1. Does the project currently comply with all applicable local land use and zoning ordinances (if no, please explain)?

1. Have all local approvals (other than building permits) necessary to begin construction been obtained (if no, please explain)?

1. List any discretionary permits not currently obtained and whether they will be obtained prior to issuance of the bonds.

1. List any non-discretionary permits required for operation of the project facilities that will not be obtained prior to issuance of the bonds.

|  |
| --- |
| **ATTACHMENT I** |

EVIDENCE OF CREDIT ENHANCEMENT

OR INTENT TO PURCHASE BONDS (if available)

|  |
| --- |
| **ATTACHMENT J** |

LIST OF OUTSTANDING PRIOR DEBT

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Outstanding Debt | Debt Type (Tax-exempt/taxable) | Issue Date | Issue Par Amount | Final Maturity | Current Outstanding Amount | Trustee |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |

|  |
| --- |
| **ATTACHMENT K** |

|  |
| --- |
| **Finance Team Members’ Contact Information** |
| Contact:      Title:      Firm:      Phone:      E-mail:       | Contact:      Title:      Firm:      Phone:      E-mail:       |
| Contact:      Title:      Firm:      Phone:      E-mail:       | Contact:      Title:      Firm:      Phone:      E-mail:       |
| Contact:      Title:      Firm:      Phone:      E-mail:       | Contact:      Title:      Firm:      Phone:      E-mail:       |
| Contact:      Title:      Firm:      Phone:      E-mail:       | Contact:      Title:      Firm:      Phone:      E-mail:       |
| Contact:      Title:      Firm:      Phone:      E-mail:       | Contact:      Title:      Firm:      Phone:      E-mail:       |
| Contact:      Title:      Firm:      Phone:      E-mail:       | Contact:      Title:      Firm:      Phone:      E-mail:       |
| Contact:      Title:      Firm:      Phone:      E-mail:       | Contact:      Title:      Firm:      Phone:      E-mail:       |

|  |
| --- |
| **ATTACHMENT L** |

BYLAWS AND CONFLICTS OF INTEREST POLICY ( IF ANY)

|  |
| --- |
| **ATTACHMENT M** |

Please include:

 Indenture

 Loan Agreement

 Bond Purchase Agreement

 Preliminary Official Statement (If applicable.)

 Current or Proposed Facility / Site Lease Agreement

***Note: IBank*** *prefers**to receive these documents* ***with the application****. However, IBank will accept applications without these documents with the condition that these documents be received by IBank* ***no later than 35 days prior to*** *the**IBank Board Meeting date. Substantially Final Draft of Bond Documents should be received* ***no later than 22 days prior to*** *the IBank Board Meeting date.*

*Please note that IBank requires a copy of the executed Applicant’s Board Resolution (if applicable), authorizing the bond financing with IBank,* ***no later than 7 days prior to*** *the IBank Board Meeting date.*

***Reference to the IBank Board Meeting date in this ATTACHMENT M means the IBank Board Meeting at which the applicant wishes the request to be considered.***