|  |  |  |
| --- | --- | --- |
| CALIFORNIA INFRASTRUCTURE AND ECONOMIC DEVELOPMENT BANK (IBANK) 501(c)(3) 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  Limited 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 ConstructionRefunding  **(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: | | 1. **FINANCIAL ADVISOR/ CONSULTANT**   Contact:  Title:  Firm:  Address:  Phone:  E-mail: |
| **ADDITIONAL INFORMATION** | | |
| Please provide the following additional information: | | |
| ATTACHMENT A  B  C    D  E  F  G  H  I  J  K  L | DESCRIPTION OF INFORMATION:  * 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 the 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 the economic value provided to the state; the 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 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. * Draft bond documents. | |
| **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.  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>. | | |

|  |
| --- |
| **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 | |
| [     ], Chief Executive Officer | |
| [     ], Chief Operating Officer | |
| [     ], Chief Financial Officer | |
|  | |
| Board Members | |
| [     ], Choose an item. | Position:  Affiliated Company:  City, State: |
| [     ], Choose an item. | Position:  Affiliated Company:  City, State: |
| [     ], Choose an item. | Position:  Affiliated Company:  City, State: |
| [     ], Choose an item. | Position:  Affiliated Company:  City, State: |
| [     ], Choose an item. | Position:  Affiliated Company:  City, State: |
| [     ], Choose an item. | Position:  Affiliated Company:  City, State: |
| [     ], Choose an item. | Position:  Affiliated Company:  City, State: |
| [     ], Choose an item. | Position:  Affiliated Company:  City, State: |
| [     ], Choose an item. | 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:

Street:

Suite #:

City:

County:

State:

ZIP Code:

Street:

Suite #:

City:

County:

State:

ZIP Code:

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

COMPREHENSIVE DESCRIPTION

OF PROJECT PUBLIC BENEFITS

*All 501(c)(3) projects must have clearly defined public benefit statements in order to be considered for approval through IBank. Please provide:*

1. Comprehensive description of the organization’s Public Benefits and the benefits directly associated with the subject facility (ies) (such as economic, cultural, educational and environmental benefits and any job creation or retention); and

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) for refinancing.

|  |
| --- |
| **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 budget for 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 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 DEBTS

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 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** |

Required Bond Documents

Please include:

Indenture

Loan Agreement

Bond Purchase Agreement (If applicable)

Preliminary Official Statement (If applicable)

*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.*