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| CALIFORNIA INFRASTRUCTURE AND ECONOMIC DEVELOPMENT BANK (IBANK) INDUSTRIAL DEVELOPMENT BONDS APPLICATION (IDBs) | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| **1. DATE SUBMITTED** | | | | | | **2. DATE RECEIVED BY IBANK** | | | | | | | | | |
| **APPLICANT INFORMATION** | | | | | | | | | | | | | | | |
| **3. LEGAL NAME OF APPLICANT** | | | | | | **4. a. DATE ORGANIZED**  **b. PLACE THE APPLICANT ORGANIZED**  **c. OWNERSHIP STRUCTURE**  *(e.g., corporation, partnership, sole proprietorship, etc.* | | | | | | | | | |
| **5. MAILING ADDRESS OF APPLICANT**  *(include street, suite #, city, county, state, ZIP code)*  Street  Suite #  City  County  State  ZIP Code | | | | | | **6. PRIMARY CONTACT INFORMATION**  Name:  Title:  Address (if different):  Phone:  E-mail:  Website: | | | | | | | | | |
| 1. **OWNERS OF APPLICANT % OF OWNERSHIP** | | | | | | 1. **CORPORATE OFFICERS**   **Name Title** | | | | | | | | | |
| 1. **DESCRIPTION OF APPLICANT’S BUSINESS, INCLUDING THE PRODUCTS MANUFACTURED** | | | | | | | | | | | | | | | |
| 1. **NAMES OF MAJOR CUSTOMERS** | | | | | | 1. **WILL THE APPLICANT BE THE PROJECT USER?**   Yes  No  If “No”, please complete the following section. Otherwise, skip to number 23. | | | | | | | | | |
| 1. **HOW DID YOU HEAR ABOUT IBANK?** | | | | | | 1. **UNEMPLOYMENT INSURANCE NUMBER** | | | | | | | | | |
| **PROJECT USER INFORMATION** | | | | | | | | | | | | | | | |
| 1. **LEGAL NAME OF PROJECT USER** | | | | | | 1. **a. DATE PROJECT USER ORGANIZED**   **b. PLACE THE PROJECT USER ORGANIZED**  **c. OWNERSHIP STRUCTURE**  *(e.g., corporation, partnership, sole proprietorship, etc.)* | | | | | | | | | |
| 1. **MAILING ADDRESS OF PROJECT USER**   *(include street, suite #, city, county, state, ZIP code)*  Street  Suite #  City  County  State  ZIP Code | | | | | | 1. **PRIMARY CONTACT INFORMATION**   Name:  Title:  Address (if different):  Phone:  E-mail:  Website: | | | | | | | | | |
| 1. **PROJECT USER - % OF USE** | | | | | | 1. **USER’S CORPORATE OFFICERS**   **Name Title** | | | | | | | | | |
| 1. DESCRIPTION OF PROJECT USER’S BUSINESS, INCLUDING THE PRODUCTS MANUFACTURED | | | | | | | | | | | | | | | |
| 1. **NAMES OF MAJOR CUSTOMERS** | | | | | | | 1. **UNEMPLOYMENT INSURANCE NUMBER** | | | | | | | | |
| **PROPOSED PROJECT FIANCING INFORMATION** | | | | | | | | | | | | | | | |
| 1. **DESCRIPTION OF PROJECT** | | | | | | | | | | | | | | | |
| 1. **PURPOSE OF PROJECT** | | | | | | | | | | | | | | | |
| 1. **TOTAL ESTIMATED PROJECT COSTS** | | | | | | | | | | | | | | | |
| **Land**  $ | **Building**  $ | | | | | **Equipment**  $ | | | **Other**  $ | | | | **Total**  $ | | |
| 1. **ESTIMATED AMOUNT TO BE FINANCED WITH TAX-EXEMPT AND/ OR TAXABLE BONDS**   ***A) TAX-EXEMPT BONDS:*** | | | | | | | | | | | | | | | |
| **Land**  $ | | **Building**  $ | | | | **Equipment**  $ | | | | **Other**  $ | | | | **Total**  $ | |
| ***B) TAXABLE BONDS:*** | | | | | | | | | | | | | | | |
| **Land**  $ | | **Building**  $ | | | | **Equipment**  $ | | | | **Other**  $ | | | | **Total**  $ | |
| 1. SOURCE (S) OF OTHER FUNDS FOR THE PROJECT | | | | | | **28. DOES THE PROJECT INVOLVE RELOCATION FROM ANOTHER CALIFORNIA LOCATION?**  Yes  No  If “Yes”, please explain the reasons for the relocation: | | | | | | | | | |
| **29. PROPOSED CLOSING DATE** | | | | **30. MATURITY**     **Years** | | | | | | | | **31. INTEREST RATE MODE**  Fixed  Variable | | | |
| **32. TYPE OF OFFERING**  P*u*blic Offering  Limited Offering  Private Placement | | | | **33. MINIMUM**  **DENOMINATIONS** $ | | | | | | | | **34. CREDIT ENHANCEMENT**  None  Letter of Credit  Bond Insurance  Other (*specify*): | | | |
| 1. **NAME OF CREDIT ENHANCEMENT PROVIDER OR PRIVATE PLACEMENT PURCHASER**   **(IF ANY):**  Credit Enhancement Provider:  Private Placement Purchaser: | | | | | | | 1. **EXPECTED CREDIT RATING**   **Borrower Credit Enhancement**  **Provider**  S&P  Moody’s  Fitch  Unrated | | | | | | | | |
| **37. TYPE OF FINANCING**:  Acquisition of Existing Facility  New Construction Refunding  **(Please mark all of the above categories that apply.)** | | | | | | | | | | | | | | | |
| **38. CURRENT OWNER(S) OF EXISTING SITE** | | | | | | | | | | | | | | | |
| **39. OWNER(S) OF NEW SITE (IF APPLICABLE)**    For construction projects, provide the name of the construction company or developer completing the work:    For property acquisition, provide the name of the seller: | | | | | | | | | | | | | | | |
| **EMPLOYMENT CREATION/RETENTION INFORMATION** | | | | | | | | | | | | | | | |
| **40. CURRENT EMPLOYMENT** | | | | | | | | | | | | | | | |
| Number of employees statewide | | | | | Total Payroll  $ | | | Number of employees at Project site | | | | | | | Total Payroll  $ |
| **41. ESTIMATED EMPLOYMENT WITHIN TWO YEARS OF PROJECT COMPLETION**  *(Provide a good faith estimate based on realistic assumptions.)* | | | | | | | | | | | | | | | |
| Number of employees statewide | | | | | Total Payroll  $ | | | Number of employees at Project site | | | | | | | Total Payroll  $ |
| Number of seasonal employees statewide | | | | | Total Payroll  $ | | | Number of employees at Project site | | | | | | | Total Payroll  $ |
| 42. WILL THE COMPLETION OF THE PROJECT ENABLE THE COMPANY TO RETAIN JOBS THAT WOULD OTHERWISE BE LOST?  Yes  No  If “Yes,” please describe in detail. | | | | | | | | | | | | | | | |
| **PRINCIPAL FINANCE TEAM INFORMATION** | | | | | | | | | | | | | | | |
| **43. UNDERWRITER/PRIVATE PLACEMENT AGENT**  Contact:  Title:  Firm:  Address:  Phone:  E-mail: | | | | | | **44. BOND COUNSEL**  Contact:  Title:  Firm:  Address:  Phone:  E-mail: | | | | | | | | | |
| **45. UNDERWRITER’S COUNSEL**  Contact:  Title:  Firm:  Address:  Phone:  E-mail: | | | | | | 1. **DISCLOSURE COUNSEL**   Contact:  Title:  Firm:  Address:  Phone:  E-mail: | | | | | | | | | |
| **47. TRUSTEE, PAYING & TENDER AGENT**  Contact:  Title:  Firm:  Address:  Phone:  E-mail: | | | | | | **48. FINANCIAL ADVISOR/CONSULTANT (IF ANY)**  Contact:  Title:  Firm:  Address:  Phone:  E-mail: | | | | | | | | | |
| **MISCELLANEOUS INFORMATION** | | | | | | | | | | | | | | | |
| 49. DOES THE APPLICANT HAVE OTHER LOCATIONS IN CALIFORNIA?  Yes  No  If “Yes”, where? | | | | | | 50. DOES THE APPLICANT HAVE LOCATIONS IN OTHER STATES?  Yes  No  If “Yes”, where? | | | | | | | | | |
| 51. HAVE INDUSTRIAL DEVELOPMENT BONDS BEEN ISSUED FOR THE APPLICANT, PROJECT USER, OR ANY RELATED COMPANIES?  Yes  No  If “Yes”, please answer the following: | | | | | | | | | | | | | | | |
| Date Issued: | | | Amount Issued: $ | | | | | | | | Balance: $ | | | | |
| Date Issued: | | | Amount Issued: $ | | | | | | | | Balance: $ | | | | |
| Date Issued: | | | Amount Issued: $ | | | | | | | | Balance: $ | | | | |

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| **ADDITIONAL INFORMATION** | |
| Please provide the following additional information: | |
| ATTACHMENT | DESCRIPTION OF INFORMATION: |
| A  B  C  D  E  F  G  H  I  J  K  L | - 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.  - 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. For more information, please refer to <http://www.treasurer.ca.gov/bonds/pools/underwriter.asp>. | |

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| **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.

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| **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: |

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).

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| **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)** |
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| **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

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| **ATTACHMENT E** |

**COMPREHENSIVE DESCRIPTION**

**OF PROJECT PUBLIC BENEFITS**

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

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

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| **ATTACHMENT F** |

**DESCRIPTION OF ANY PAST, PRESENT OR POTENTIAL CONTROVERSY**

**CONNECTED WITH THE PROJECT OR FINANCING**

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| **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 |  |
|  |  | Cost of Issuance |  |
|  |  |  |  |
| **Total Sources** |  | **Total Uses** |  |

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| **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.

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| **ATTACHMENT I** |

**EVIDENCE OF CREDIT ENHANCEMENT**

**OR INTENT TO PURCHASE BONDS (if available)**

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

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| **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: |

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| **ATTACHMENT L** |

**Bylaws and Conflicts of Interest Policy (IF ANY)**

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| **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 on 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.***