|  |  |  |  |
| --- | --- | --- | --- |
| Deborah Durham, Director  1963 Bell Avenue, Suite 200  Des Moines, Iowa 50315  (515) 452-0400 – (800) 432-7230 | **FOR IFA USE ONLY** | | |
| Project Number: |  |  |
| Date Received: |  |  |
| Fee Received: |  |  |
| Amount of Request: |  |  |
|  |  |  |  |

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| **Part A – Applicant Information** | | | | |
| **Borrower Details** | |  | | |
| Borrower’s Name: |  | | | |
|  |  | | | |
| Street Address: |  | | | |
|  |  | | | |
| City, State, Zip: |  | | | |
|  |  | | | |
| Point of Contact: |  | | Title: |  |
|  |  | | | |
| Phone Number: |  | | Email: |  |

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| **Organizational Information** | | | |
| Corporate Structure:  S Corporation  C Corporation  Partnership  501(c)(3)  Other  *If Borrower is a nonprofit corporation, provide copy of IRS determination letter or date of application for determination letter and state purpose.* | | | |
| Date of Incorporation: |  | State of Incorporation: |  |

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| **Principals**  *If a partnership, list partners; if a corporation, list officers/directors and state of incorporation; if a nursing facility, list directors and principal staff. Attach separate list if necessary.* |
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| **Please confirm:**  Borrower currently qualified to transact business within the State of Iowa.  Is state certificate of need required? *If yes, attach a copy.* |

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| **Part B – Project Information** |
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| **This Project qualifies for financing pursuant to the Private Activity Bond Program as land, buildings, or improvements suitable for use as one of the following facilities (check one).** |
| 501(c)(3) entity (please identify):  Private college or university  Housing facility for elderly or disabled persons  Museum or library facility  Voluntary nonprofit hospital, clinic or health care facility as defined in Section 135C.1(8) of the Iowa Code. Please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Other 501(c)(3) entity. Please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Agricultural processing facility  Manufacturing facility  Multifamily housing  Solid waste facility |

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| **Location of the Project** | | | |
| Street Address: |  | | |
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| City: |  | County: |  |
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| State: |  | Zip Code: |  |

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| **General Description of the Project** |
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| Total current FTEs of Applicant: |  | Number of permanent FTEs created by the Project: |  |

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| **Parties Related to the Project** | | | |
| Principal User of the Project: |  | | |
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| Seller (if any) of the Project: |  | | |
|  | | |  |
| Purchaser (if any) or Owner or Lessee of the Project: | |  | |
|  | |  | |
| Relationship of Project Seller and Purchaser, if any: | |  | |

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| **Part C – Financing Information** | | | | |
|  | |  | | |
| Amount of Request: |  | | Anticipated Date of Issuance: |  |
|  |  | |  |  |
| Type of Financing: | New Money  Refunding | | Amount for Refunding: |  |
|  |  | | | |
| Type of Offering: | Public  Private | | | |
|  | | | | |
| Does the Borrower expect to use bond proceeds to reimburse capital expenditures already made?  No  Yes, in the amount of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(There are IRS limitations on eligible reimbursable costs.)* | | | | |

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| **Sources and Uses of Project Funds** | | | | | | | | | |
| *Note: Total Sources must match Total Uses.* | | | | | | | | | |
|  |  |  |  |  |  |  |  |  |  |
|  | **Sources** |  | **Amount** |  |  | **Uses** |  | **Amount** |  |
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|  | Total Sources: |  |  |  |  | Total Uses: |  |  |  |
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*Application continues on the next page.*

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| **Part D – Professionals Participating in the Financing** |

***At a minimum, applications must list Bond Counsel.***

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| **Bond Counsel** *(an attorney hired by the Borrower to ensure the bonds can be issued on a tax-exempt basis)* | | | | | | | |
|  | | | | | | | |
| Firm Name: |  | | | | | | |
|  |  | | | | | | |
| Contact: |  | | | | | | |
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| Address: |  | | | | | | |
|  |  | | | | | | |
| City: |  | State: | |  | | Zip: |  |
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| Phone: |  | Email: | |  | | | |

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| **Counsel to the Borrower** | | | | | | | |
|  | | | | | | | |
| Firm Name: |  | | | | | | |
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| Contact: |  | | | | | | |
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| Address: |  | | | | | | |
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| Phone: |  | Email: | |  | | | |

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| **Underwriter or Financial Institution Purchasing the Bonds** | | | | | | | |
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| Firm Name: |  | | | | | | |
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| Contact: |  | | | | | | |
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| Address: |  | | | | | | |
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| City: |  | State: | |  | | Zip: |  |
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| Phone: |  | Email: | |  | | | |

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| **Counsel to the Underwriter** | | | | | | | |
|  | | | | | | | |
| Firm Name: |  | | | | | | |
|  |  | | | | | | |
| Contact: |  | | | | | | |
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| Address: |  | | | | | | |
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| City: |  | State: | |  | | Zip: |  |
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| Phone: |  | Email: | |  | | | |

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| **Trustee (if applicable)** | | | | | | | |
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| Firm Name: |  | | | | | | |
|  |  | | | | | | |
| Contact: |  | | | | | | |
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| Address: |  | | | | | | |
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| City: |  | State: | |  | | Zip: |  |
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| Phone: |  | Email: | |  | | | |

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| **Part E – Fees and Charges** |

1. A non-refundable application fee must accompany this application at the time of submission to the Authority. For applications for bonds up to $10 million, the application fee is $1,000. For applications for bonds over $10 million, the application fee is $2,500. The application fee is subtracted from the Issuer’s fee at closing.

Applications and the application fee payment may be mailed to the Authority at the following address:

Iowa Finance Authority

Attention: Aaron Smith

1963 Bell Avenue, Suite 200

Des Moines, IA 50315

Alternatively, applications may be submitted electronically through the Authority’s website, with the application fee payment sent via wire transfer to:

Wells Fargo Bank California

ABA No. 121000248

for further credit to Iowa Finance Authority

Checking Account No. 3000501562

Attention: Cindy Harris

Reference: PAB Application Fee for [Applicant or Project Name]

1. An Issuer's fee will be due at the time of closing. The fee is 10 basis points for the first $10 million of bonds and declines after that pursuant to the Issuer fee schedule established by the Authority. Please contact Aaron Smith at (515) 452-0461 or [aaron.smith@iowafinance.com](mailto:aaron.smith@iowafinance.com) for more information.
2. Borrower is required, and with the execution of this application agrees, to pay the fees and expenses of Dorsey & Whitney LLP, who serves as Issuer's Counsel. Bond documents should be sent to David Grossklaus ([grossklaus.david@dorsey.com](mailto:grossklaus.david@dorsey.com)) at Dorsey & Whitney LLP and Aaron Smith ([aaron.smith@iowafinance.com](mailto:aaron.smith@iowafinance.com)) at the Authority.

|  |  |
| --- | --- |
| Signature: |  |
|  |  |
| By: |  |
|  |  |
| Title: |  |
|  |  |
| Date: |  |
|  |  |