Deborah Durham, Executive Director FOR IFA USE ONLY

1963 Bell Avenue, Suite 200 Project No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Des Moines, Iowa  50315 Application Received\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(515) 452-0400 – (800) 432-7230 Application Fee Received?

Amount of Request $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PRIVATE ACTIVITY BOND APPLICATION

Part A - Borrower Information

1. Project Name:

2. Contact Person/Title:         
Company:        
Address:         
City, State, Zip:

Telephone:      E-mail:

3. 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.  
     

4. If Borrower is a nonprofit corporation, provide copy of IRS determination letter or date of application for determination letter and state purpose:

5. Is the Borrower currently qualified to transact business within the State of Iowa? Yes  No

6. If project is a Nursing Facility, is state certificate of need required: Yes  No

If yes, attach copy.

7. Total current FTE’s of Borrower:

Number of permanent FTE’s created by the project:

Part B - Project Information

1. 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:

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 (6) of the

Iowa Code. Specify:

Other 501c (3) entity (please specify)

Manufacturing facility

Agricultural processing facility

Multi-family housing

Solid Waste facility

3. Amount of Loan Request: $

Amount to be used for refunding: $

4. Address/Location of Project   
Street/City/State        
County

5. General Project Description:  
     

Part B - Project Information continued

6. 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.)

7. Parties related to the Project:

a. Principal User will be:

b. Seller (if any) of the Project:

c. Purchaser (if any) or Owner or Lessee of the Project:

d. Relationship of Project Seller and Purchaser, if any:

**8. Sources and Uses of Project Funds (Sum of Sources and Uses must match):**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Sources:** |  | **Amount** |  |  | **Uses:** |  | **Amount** |  |
|  |  | $ |  |  |  |  | $ |  |  |
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|  | **Total** | $ |  |  |  | **Total** | $ |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |

9. Type of Bond Sale  Public Sale  Private Placement

Part C - Professionals Participating in the Financing

**Applications must have either Bond Counsel or Underwriter/Financial Institution identified**

**1. Bond Counsel:** (an attorney hired by the borrower to ensure the bonds can be issued on a tax-exempt basis)  
Name:        
Firm Name:        
Address:        
City/State/Zip Code:       
Telephone:       E-mail:

**2. Counsel to the Borrower:**   
Name:        
Firm Name:        
Address:        
City/State/Zip Code:       
Telephone:       E-mail:

**3. Underwriter or Financial Institution purchasing the bonds:**   
Name:        
Firm Name:        
Address:        
City/State/Zip Code:       
Telephone:       E-mail:

**4. Counsel to the Underwriter:**   
Name:        
Firm Name:        
Address:        
City/State/Zip Code:       
Telephone:       E-mail:

**5. Trustee: (if needed)**  
Name:        
Firm Name:        
Address:        
City/State/Zip Code:       
Telephone:       E-mail:

PART D - Fees and Charges

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

Submit application to the Authority at the following address:

Aaron Smith

Chief Bond Programs Director

Iowa Finance Authority

1963 Bell Avenue, Suite 200

Des Moines, IA 50315

2. An Issuer's fee will be due at the time of closing. The fee is 10 basis points for the first $10 million and declines after that. Please contact Aaron Smith at (515) 452-0461 or [Aaron.Smith@IowaFinance.com](mailto:Aaron.Smith@IowaFinance.com) for more information.

3. Borrower is required to pay the fees and expenses of Dorsey & Whitney, who serve as Issuer's Counsel. Bond documents should be sent to David Grossklaus ([Grossklaus.David@Dorsey.com](mailto:Grossklaus.David@Dorsey.com)) at Dorsey & Whitney and the Authority's Chief Bond Programs Director ([Aaron.Smith@IowaFinance.com](mailto:aaron.smith@iowafinance.com)).

Dated this       day of      , 202

Borrower:     

By: