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**FOR IFA USE ONLY**

Project Number:   
Date Received:   
Fee Received:   
Amount of Request:

# Private Activity Bond Application

## Part A – Applicant Information

### Borrower Details

Borrower's Name:   
Street Address:   
City, State, Zip:   
Point of Contact:  Title:   
Phone Number:  Email:

### 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:

### 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.*

### Please confirm:

- ☐ Borrower currently qualified to transact business within the State of Iowa.  
☐ Is state certificate of need required? *If yes, attach a copy.*

## Part B – Project Information

**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

### Location of the Project

Street Address:	<input type="text"/>		
City:	<input type="text"/>	County:	<input type="text"/>
State:	<input type="text"/>	Zip Code:	<input type="text"/>

### General Description of the Project

Total current FTEs of Applicant:  Number of permanent FTEs created by the Project:

### Parties Related to the Project

Principal User of the Project:

Seller (if any) of the Project:

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

Relationship of Project Seller and Purchaser, if any:

## 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.)

### Sources and Uses of Project Funds

Note: Total Sources must match Total Uses.

Sources	Amount	Uses	Amount
<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>
Total Sources:	\$ <input type="text"/>	Total Uses:	\$ <input type="text"/>

Application continues on next page.

## Part D – Professionals Participating in the Financing

**Applications must have Bond Counsel, Borrower's Counsel, and Underwriter/Financial Institution identified.**

### **Bond Counsel** *(an attorney hired by the Borrower to ensure the bonds can be issued on a tax-exempt basis)*

Firm Name:	<input type="text"/>		
Contact:	<input type="text"/>		
Address:	<input type="text"/>		
City:	<input type="text"/>	State:	<input type="text"/> Zip: <input type="text"/>
Phone:	<input type="text"/>	Email:	<input type="text"/>

### **Counsel to the Borrower**

Firm Name:	<input type="text"/>		
Contact:	<input type="text"/>		
Address:	<input type="text"/>		
City:	<input type="text"/>	State:	<input type="text"/> Zip: <input type="text"/>
Phone:	<input type="text"/>	Email:	<input type="text"/>

### **Underwriter or Financial Institution Purchasing the Bonds**

Firm Name:	<input type="text"/>		
Contact:	<input type="text"/>		
Address:	<input type="text"/>		
City:	<input type="text"/>	State:	<input type="text"/> Zip: <input type="text"/>
Phone:	<input type="text"/>	Email:	<input type="text"/>

### **Counsel to the Underwriter**

Firm Name:	<input type="text"/>		
Contact:	<input type="text"/>		
Address:	<input type="text"/>		
City:	<input type="text"/>	State:	<input type="text"/> Zip: <input type="text"/>
Phone:	<input type="text"/>	Email:	<input type="text"/>

### **Trustee (if applicable)**

Firm Name:	<input type="text"/>		
Contact:	<input type="text"/>		
Address:	<input type="text"/>		
City:	<input type="text"/>	State:	<input type="text"/> Zip: <input type="text"/>
Phone:	<input type="text"/>	Email:	<input type="text"/>

## 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]

2. 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.
3. 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: \_\_\_\_\_