



Thank you for your application.  
 If you have questions, please  
 contact an IFA Funding Manager.  
 Office locations listed below.

## LOCAL GOVERNMENT APPLICATION

The undersigned unit of local government (the "Applicant") requests that the Illinois Finance Authority extend financing to the applicant for the purchase of property or equipment. This application does not constitute a contract or a commitment to enter into a contract. Please complete **all** questions. If not applicable, write N/A.

**1. Legal Name of Applicant / Governmental Unit and Contacts: (Attach Sheet if more space required)**

|                              |                          |                         |                 |
|------------------------------|--------------------------|-------------------------|-----------------|
| Name                         |                          | Address                 |                 |
| City (Must be in Illinois)   | Zip Code (9 Digit)       | County                  |                 |
| <b>Districts:</b>            | U.S. Congressional _____ | IL House _____          | IL Senate _____ |
| Name                         | Village President        | ( )<br>Telephone Number | Email Address   |
| Name                         | Village Treasurer        | ( )<br>Telephone Number | Email Address   |
| Name                         | Village Clerk            | ( )<br>Telephone Number | Email Address   |
| Name of Village Counsel      | Firm                     | ( )<br>Telephone Number | Email Address   |
| CPA for the Village          | Firm                     | ( )<br>Telephone Number | Email Address   |
| Name of Village Bond Counsel | Firm                     | ( )<br>Telephone Number | Email Address   |

**2. Has the Applicant been a Pooled or Conduit Borrower in a past Bond Issuance with IFA or its predecessor Authorities:** Illinois Rural Bond Bank (IRRB) or Illinois Development Finance Authority (IDFA)? No  Yes

**Please list:**

| Issuing Authority | Bond Series | Original Amount Borrowed | Current Status (Retired or Outstanding) |
|-------------------|-------------|--------------------------|---|
|                   |             |                          |   |
|                   |             |                          |   |

**3. Type of Government:** Describe Applicant's governing structure. Check if, Home Rule

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**4. Proposed Project Name, Location & Project Contact:**

|                              |  |                          |
|------------------------------|--|--------------------------|
| Proposed Name of the Project | Street Address, City / Location of Project |                          |
| City (Must be in Illinois)   | Zip Code (9 Digit)                         | Email for Contact Person |
| Contact Person / Title       | Firm                                       | Phone                    |

**5. Type of Bond Financing: (Check One)**  General Obligation  
 Alternate Revenue (Revenue Supported, Non-Referendum GO)  
 Revenue

**6. Requested Amount of IFA Funding: \$** \_\_\_\_\_

7. **Project Description:** Provide a complete project description including any land acquisition, building construction, renovation, equipment purchases, installation, etc. (Attach project estimates). Describe the purpose, nature, need and function of the project and its expected benefits.

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8. **Facility Financing:** Does the facility possess all licenses and permits for current operations? No   
 If no, please explain. Yes

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9. **Is any part of the facility to be used by another public or private entity?** No  Yes   
 If yes, please explain.

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10. **Has an environmental study been performed on the site of the subject facility?** No  Yes   
 Please explain if there any environmental risks known to the local government unit?

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11. **Provide Contact information of architect, engineer and/or general contractor, as applicable.**

\_\_\_\_\_  
**Architect (Company)**

\_\_\_\_\_  
**Contact Person, Title**

(\_\_\_\_\_) \_\_\_\_\_  
**Telephone**

\_\_\_\_\_  
**Email Address**

\_\_\_\_\_  
**Engineer/General Contractor (Company)**

\_\_\_\_\_  
**Contact Person, Title**

(\_\_\_\_\_) \_\_\_\_\_  
**Telephone**

\_\_\_\_\_  
**Email Address**

12. **Project Costs:** Please provide a sources and uses of funds statement.

Sources

IFA Bond Financing \$ \_\_\_\_\_

Bank Financing \$ \_\_\_\_\_

Other \$ \_\_\_\_\_

**TOTAL SOURCES** \$ \_\_\_\_\_

Uses

Land and Site Improvement \$ \_\_\_\_\_

Construction/Renovation \$ \_\_\_\_\_

Equipment \$ \_\_\_\_\_

Working Capital \$ \_\_\_\_\_

Cost of Issuance\* (Estimate 5%\* of Bond Amount) \$ \_\_\_\_\_

**TOTAL USES** \$ \_\_\_\_\_

Approximate date funds are needed \_\_\_\_\_ (explain)

**13. Federal & State Funding Sources and Contractual Agreements:**

Please describe below any Federal or State Funding Sources that the corporation receives:

| Funding Agency | Funding Type | Certification Status | Total Amount Provided (Annually) |
|----------------|--------------|----------------------|----------------------------------|
| _____          | _____        | _____                | _____                            |
| _____          | _____        | _____                | _____                            |
| _____          | _____        | _____                | _____                            |
| _____          | _____        | _____                | _____                            |

Also, please describe any Federal or State Contractual Agreements (i.e. State Contracts):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**14. Debt Summary: Summarize all debts obligations outstanding as of the date of application, including leases, installment purchases, short-term borrowings, and long-term debt.**

>> Please provide the Debt Service Schedules, as applicable for each obligation

| <i>Purpose of Debt</i> | <i>Current Principal Outstanding</i> | <i>Original Amount Borrowed</i> | <i>Specific Revenues Source(s) Used For Repayment</i> | <i>Final Maturity</i> |
|------------------------|--------------------------------------|---------------------------------|---|-----------------------|
|                        | \$ _____                             | \$ _____                        |   | / / 20                |
|                        | \$ _____                             | \$ _____                        |   | / / 20                |
|                        | \$ _____                             | \$ _____                        |   | / / 20                |
|                        | \$ _____                             | \$ _____                        |   | / / 20                |

**TOTAL** \$ \_\_\_\_\_

**15. Finances:** Describe Applicant's current financial condition. Comment on actions being taken to overcome any adverse trends or problems. Describe sources of revenue to be pledged for debt repayment. (Attached additional sheets if necessary).

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**16. Unissued Debt:** Does the local government have any authorized but unissued debt? No  Yes  If yes, please explain.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**17. Defaulted Debt:** Has the local government unit been delinquent or defaulted on any debt obligation within the last ten years? No  Yes  If yes, please explain.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**18. Litigation:** Is there any pending or anticipated litigation against the local governmental unit? No  Yes  If yes, please explain.

\_\_\_\_\_

19. **Contingent Liabilities:** Are there any contingent liabilities not disclosed in the financial statements?

No  Yes  **If yes, please identify.**

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20. **Liability Insurance:** Amount of comprehensive, general and auto liability insurance per occurrence.

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21. **Economic:** Describe applicant's geographic size and location, population and wealth level trends, and local economic base.

Population: 1990: \_\_\_\_\_ 2000: \_\_\_\_\_ Current Estimate \_\_\_\_\_ (if census info is not available)

22. **Wealth Levels:**

Median Home Value      1990 \_\_\_\_\_      2000 \_\_\_\_\_      2005 \_\_\_\_\_

Per Capita Income      1990 \_\_\_\_\_      2000 \_\_\_\_\_      2005 \_\_\_\_\_

23. **Economic Base:**

|    | Major Employers | No. of Employees |
|----|-----------------|------------------|
| 1) | _____           | _____            |
| 2) | _____           | _____            |
| 3) | _____           | _____            |
| 4) | _____           | _____            |
| 5) | _____           | _____            |

24. **Equalized Assessed Valuation (EAV): (For previous 5 years)**

**Summary of Applicant's Assessed Value (AV)**

| Levy Year | Collection Year | Fair Market Value | Equalized Assessed Value | Industrial Assessment | Railroad And Farm | Total AV | Equalized Assessed Value |
|-----------|-----------------|-------------------|--------------------------|-----------------------|-------------------|----------|--------------------------|
| 20__      | 20__            | \$ _____          | \$ _____                 | \$ _____              | \$ _____          | \$ _____ | \$ _____                 |
| 20__      | 20__            | \$ _____          | \$ _____                 | \$ _____              | \$ _____          | \$ _____ | \$ _____                 |
| 20__      | 20__            | \$ _____          | \$ _____                 | \$ _____              | \$ _____          | \$ _____ | \$ _____                 |
| 20__      | 20__            | \$ _____          | \$ _____                 | \$ _____              | \$ _____          | \$ _____ | \$ _____                 |
| 20__      | 20__            | \$ _____          | \$ _____                 | \$ _____              | \$ _____          | \$ _____ | \$ _____                 |

**Comment on any decrease in assessed value (e.g., multiplier effect, business relocation, abandoned property).**

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25. **Major Taxpayers:** (For most recent available year)

NAME

BUSINESS

AV

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_
- 5) \_\_\_\_\_

**26. Property Tax Rates (per \$100 of EAV), by fund, for the previous five levy years:**

Please identify with an (\*) all rates which are currently at their legal limit or which are expected to be at their legal limit in the coming year.

|                       | LEVY YEARS        |        |        |        |        |
|-----------------------|-------------------|--------|--------|--------|--------|
|                       | Tax Rates by Fund |        |        |        |        |
|                       | 20____            | 20____ | 20____ | 20____ | 20____ |
| <u>Corporate Fund</u> | _____             | _____  | _____  | _____  | _____  |
| _____                 | _____             | _____  | _____  | _____  | _____  |
| _____                 | _____             | _____  | _____  | _____  | _____  |
| _____                 | _____             | _____  | _____  | _____  | _____  |
| TOTAL RATE LEVIED     | _____             | _____  | _____  | _____  | _____  |

**27. Legal Debt Margin (as of the date of application, excluding the subject bond financing request.)**

- a) EQUALIZED Assessed Valuation for 20\_\_\_\_ \$ \_\_\_\_\_
- b) Statutory debt limitation ( \_\_\_\_\_% of EAV) \$ \_\_\_\_\_
- c) List applicable outstanding debt below:

| Amount   | Purpose / Repayment Source / Pledged Fund(s) |
|----------|--|
| \$ _____ | _____  |
| \$ _____ | _____  |
| \$ _____ | _____  |
| \$ _____ | _____  |
| \$ _____ | _____  |
| \$ _____ | _____  |

Subtotal © \$ \_\_\_\_\_

- d) Remaining Debt Limit \$ \_\_\_\_\_

**28. Applicant's State Revenues :**

Please check all State Revenues Applicant *may consider pledging* as additional revenue to secure payment of Bond Issue

| <u>State Revenue:</u>                  | <u>Fiscal Year:</u> (Most Recent Fiscal Year) | <u>Possible Additional Revenue Pledge:</u> |
|--|---|--|
| IL State Income Tax                    | \$ _____                                      | <input type="checkbox"/>                   |
| IL State Sales Tax                     | \$ _____                                      | <input type="checkbox"/>                   |
| IL State Use Tax                       | \$ _____                                      | <input type="checkbox"/>                   |
| Personal Property, Replacement Tax     | \$ _____                                      | <input type="checkbox"/>                   |
| Motor Vehicle Fuel Tax(Restricted Use) | \$ _____                                      | <input type="checkbox"/>                   |
| _____                                  | \$ _____                                      | <input type="checkbox"/>                   |
| _____                                  | \$ _____                                      | <input type="checkbox"/>                   |

**For Water and/or Sewer Project, please complete the following:**

29. Are revenues from the water and sewer systems combined? Yes  No

A. Which System Revenue Fund will we pledged to repay the Bonds? **Specify:** \_\_\_\_\_

B. Will the Applicant be pledging any additional Revenues (i.e: State Aid payments, IL State Income, Sales, TIF revenues) to further secure Bond Repayment? **Specify:** \_\_\_\_\_

30. Is the system in compliance with regulatory requirements? Yes  No

31. Is the system under any Federal or State mandate or court order? Yes  No   
If yes, please attach a copy of the mandate or court order.

32. Please provide a map or describe the general geographical area of the district or service area:

33. Number of Connections for last five years: Total Billed Consumption or Volume (gallons):

|              |              |
|--------------|--------------|
| 20__ - _____ | 20__ - _____ |
| 20__ - _____ | 20__ - _____ |
| 20__ - _____ | 20__ - _____ |
| 20__ - _____ | 20__ - _____ |
| 20__ - _____ | 20__ - _____ |

Are these numbers expected to increase after completion of the project? Yes  No

34. **Water and/or sewer rates for last five years:**

| <u>Year</u>  | <u>Water and/or Sewer Rate</u> | <u>Effective Dates</u> |
|--------------|--------------------------------|------------------------|
| 20__ - _____ | _____                          | _____                  |
| 20__ - _____ | _____                          | _____                  |
| 20__ - _____ | _____                          | _____                  |
| 20__ - _____ | _____                          | _____                  |
| 20__ - _____ | _____                          | _____                  |

**Is a rate increase being contemplated?** Yes  No

If yes, please describe: (New Rate and Effective Date of increase)

| <u>New Water and/or Sewer Rate</u> | <u>Effective Date(s)</u> |
|------------------------------------|--------------------------|
| _____                              | _____                    |
| _____                              | _____                    |

Have any rate requests been denied? Yes  No

35. Current User Mix: \_\_\_\_\_ % Residential \_\_\_\_\_ % Commercial (Specify rate if different from Residential)

36. System Load: In gallons per day  
Capacity \_\_\_\_\_ Average \_\_\_\_\_ Peak Demand \_\_\_\_\_

37. List the five largest water and/or sewer system users and their annual revenue contributions:  
Users Annual Revenue

|          |          |
|----------|----------|
| 1. _____ | \$ _____ |
| 2. _____ | \$ _____ |
| 3. _____ | \$ _____ |
| 4. _____ | \$ _____ |
| 5. _____ | \$ _____ |



**Required Items:**

- 1. Signed original application form.
- 2. Three years of audited financial statements and current year budget.
- 3. \$1,500 application fee payable to “Illinois Finance Authority.”  
(Pooled Bond Bank Participants)
- 4. \$ 250 application fee payable to “Illinois Finance Authority.”  
(Non-Moral Obligation Conduit Issues)

Applicant hereby certifies that all information contained above and in exhibits attached hereto are true to his/her best knowledge and belief and are submitted for the purpose of obtaining financial assistance from the Illinois Finance Authority.

Date \_\_\_\_\_

Applicant \_\_\_\_\_

By \_\_\_\_\_

Title \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

Fax (\_\_\_\_) \_\_\_\_\_

**Confidential Information**

If any personal or company information provided above is considered private and confidential information, please indicate below.

**Thank you for your application**

Return completed forms with respective application fee to:  
Illinois Finance Authority

**Offices of the Illinois Finance Authority**

|             |  |              |                  |
|-------------|--|--------------|------------------|
| Chicago     | 180 N. Stetson Ave, #2555, Chicago, IL 60601       | 312.651.1300 | 312.651.1350 fax |
| Mt. Vernon  | 2929 Broadway, Suite 7B, Mt. Vernon, IL 62864      | 618.244.2424 | 618.244.2433 fax |
| Peoria      | 100 S. W. Water St., Peoria, IL 61602              | 309.495.5959 | 309.676.7534 fax |
| Springfield | 500 E. Monroe., Third Floor, Springfield, IL 62701 | 217.782.5792 | 217.782.3989 fax |

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