



THE COUNTY OF CHESTER TAX EXEMPT



BOND & MORTGAGE FINANCING

Chester County Industrial Development Authority
737 Constitution Drive, Exton, Pa 19341
Gary W. Smith, President & CEO
Phone: 610-458-5700 Fax: 610-458-7770
www.cceconomicdevelopment.com

The Chester County Industrial Development Authority (CCIDA) provides capital financing for non-profit organizations and manufacturing companies through its Industrial Revenue Bond and Mortgage Program. Two types of tax-free vehicles are available through this program:

Mortgages: A bank can provide a tax-exempt mortgage to the entity through the CCIDA. An installment sale agreement between the entity and CCIDA is assigned to the bank which establishes the repayment of the loan. Interest earned by the bank is exempt from Federal and State taxes. The bank, in turn, passes on a lower interest rate to its borrower.

Bonds: The CCIDA can issue bonds for the financing of a project. These bonds are tax-exempt to the bondholders. The bonds are backed by a letter of credit from a bank. Usually only projects over \$1 million are funded through a stand-alone bond issue due to the initial costs of issuing the bonds.

Who Qualifies for Tax-Exempt Bond & Mortgage Financing?

Non-Profit Entities: Charitable organizations described in Section 501 (c) (3) of the Internal Revenue Code. These include nursing homes, health care facilities and educational facilities.

Manufacturing Companies: Defined under federal law as "the manufacturing or production of tangible property (including processing resulting in a change in condition of such property)." A manufacturing facility can include office space, research and development space, and warehousing space, provided they are located on the premises of the manufacturing facility, are directly related to it, and compose less than 25% of the financing to be obtained. As part of the application process, companies will be required to obtain a legal opinion regarding their eligibility under the federal law.

Exempt Facilities: Certain facilities including solid waste disposal facilities, mass commuting facilities, docks, airports, hazardous waste disposal facilities, sewage facilities, water and electricity furnishings facilities, and other facilities designated by federal law as eligible for tax-exempt financing.

What are the Eligible Uses of the Funds?

Land: Includes acquisition, site preparation and improvements, infrastructure development (i.e. water, sewer, & rail) and environmental testing. The cost of land cannot exceed 25% of the total real estate acquisition cost.

Building: Includes acquisition, construction, rehabilitation, engineering, architectural, legal and other related cost. For a building acquisition, an amount equal to at least 15% of the tax-exempt portion used to acquire the building and any equipment contained within must be used for rehabilitation. This rehabilitation must be done within two (2) years of the funding date.

New Equipment: Includes acquisition, delivery and installation. Used equipment may only qualify if contained in a building being acquired through tax-exempt financing.

Soft Costs: Includes legal, architectural, engineering, surveying, test boring, title insurance, appraisals, accounting, and financing costs for the project.

Refinancing: Includes existing tax exempt debt associated with real estate and/or equipment. Refinancing of conventional debt is limited to nonprofits.

What is the Minimum and Maximum Size of the Mortgages or Bonds?

There is no minimum size for tax-exempt mortgages or bonds, although generally it is not economical to issue bonds for amounts under \$1,000,000. Amounts under \$1,000,000 are usually funded through a tax-exempt mortgage.

Under federal tax law, the borrower and occupant, along with their affiliates, together cannot incur more than \$20,000,000 of capital costs, in the city or township of the project, during the six-year period beginning three (3) years before the date when the proposed bonds will be issued and ending three (3) years after the issuance of the bonds. These capital costs include the current financing costs and any outstanding tax-exempt debt.

Up to \$1,000,000 of small issue financing, including prior outstanding small issues, is allowed without regard to other 6-year capital costs.

The project borrower and occupant, along with their affiliates, together cannot have outstanding tax-exempt financing anywhere in the United States or its territories or possessions in excess of \$40,000,000, including the current financing. Tax-exempt financing for exempt facilities counts against the \$40,000,000 limit, but not against the \$20,000,000 limit.

The non-profit entity and all related persons cannot have more than \$150,000,000 of outstanding non-hospital tax-exempt financing, including the proposed financing.

There is no maximum loan size for exempt facility bonds.

What is the Loan Term and Rate?

The rate and term of the loan is established by the bank for tax-exempt mortgages. The rate and term of a bond issue is determined by the pricing of the bonds, the letter of credit fee and other costs associated with the bond issue.

How Many New Jobs Must be Created as a Result of a Project?

Both new and existing full-time permanent jobs, at the project site, are counted for this program. Existing jobs include jobs which will be transferred to the project site. Tax-exempt manufacturing projects must retain or create, within three (3) years of the financing one (1) full-time permanent job for every \$50,000 of financing requested. Non-profit and exempt facility projects must retain or create, within three years of the financing, a total of at least ten full-time permanent jobs per financing.

What Are the Fees for CCIDA for This Type of Loan?

Application Fee: \$2,000

Closing Fee: 40 basis points, maximum of \$50,000

Legal Fee: Not to exceed \$5,000 - \$7,000

What is the Application Procedure?

Companies wishing to apply for tax-exempt financing should contact Gary Smith, Mike Grigalonis or Kathy Field at the Chester County Economic Development Council (610-458-5700) to determine eligibility and obtain an application.

Applications must be submitted by the first of the month. CCIDA Board review will occur on the third Wednesday of each month. Following CCIDA approval, the application will be forwarded to the Chester County Commissioners for their approval and then to the Pennsylvania Department of Community & Economic Development for approval.

When Can the Project Construction or Acquisition Begin?

Project construction and/or acquisition cannot begin until approval has been received from the Chester County Industrial Development Authority. Deposits on real estate made prior to the approval are financable through the program if the acquisition of the real estate occurs after the approval. Equipment, especially that which may have an extended delivery time, may be ordered prior to project approval and the costs (including advance payments) may be financed, provided that the equipment is "off the shelf" and is not custom built equipment, and provided that delivery and final payment of the equipment occur after approval.

Bond Counsel Opinion Requirement

A preliminary opinion from a qualified bond counsel must be provided at the time of application to the Industrial Development Authority. This opinion should specify the federal tax-exempt category for which the project qualifies. The bond counsel that provides this opinion should be listed in *The Bond Buyers Municipal Marketplace* (commonly referred to as the Red Book)

What is the role of the Chester County Economic Development Council?

The Chester County Economic Development Council's employees provide administrative support to the Chester County Industrial Development Authority.

Application Documents Required:

1. Notice of Public Hearing (form attached): To be faxed to CCEDC office as soon as possible, prior to submitting the full application. Please fax to Kathy Field at 610-458-7770.
2. Sales Agreement if purchasing real estate.
3. Property Appraisal if purchasing real estate.
4. Bids or quotes for all new construction, renovations and/or equipment.
5. Bank commitment letter stating the terms and conditions of its participating in proposed project.
6. Legal opinion regarding eligibility of tax-exempt financing.
7. Application Form as attached.
8. Application Fee of \$2,000 made payable to Chester County Industrial Development Authority.

Note: Applications are due on the first of each month. If you have any questions, please call Kathy Field at 610-458-5700 extension 217.

NOTICE OF PUBLIC HEARING

The following form must be completed and faxed to the Chester County Industrial Development Authority (610-458-7770) by the first of the month in order to publish the notice of public hearing in a timely manner.

A. APPLICANT: _____

B. OCCUPANT IDENTITY: _____

C. PROJECT COST: _____ AMOUNT OF FINANCING: _____

D. LOCATION OF PROJECT:

E. NATURE OF PROJECT:

Check One: _____ Acquisition _____ Construction

Check One: _____ Industrial _____ Commercial _____ Other (please explain) _____

Acres: _____ Square Feet: _____ (Approx) _____

F. INITIAL USES OF PROJECT:

G. TOTAL ANTICIPATED EMPLOYMENT AFTER 3 YEARS:

H. SPECIAL NOTES (if any)

PLEASE FAX THIS FORM TO CCIDA (610-458-7770) Attn: Kathy Field



Application Number

COMMUNITY AND ECONOMIC DEVELOPMENT

Single Application for Assistance

I. PROFILES

Applicant/Sponsor			
Name:	Chester County Industrial Development Authority	CEO:	Gary W. Smith
CEO Title:	President/CEO	Address:	737 Constitution Drive
City:	Exton	State:	PA
Zip:	19341	FEIN:	23- 2667137
SIC Code:	9611	For-Profit Corporation <input type="checkbox"/> Non-Profit Corporation <input checked="" type="checkbox"/> Government Partnership Sole Proprietorship	
Contact Name:	Kathy Field		
Title:	Manager, Administrative Services	Phone:	61-458-5700 ext. 217
Fax:	610-458-7770	PA Revenue Tax Box #:	
E-mail:	kfield@cceconomicdevelopment.com	Internet Access:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Business Specifics			
Current # of Full-time Employees:	Pennsylvania	Worldwide _____	
Minority Owned:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Woman Owned:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Sole Proprietorship <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> C Corporation <input type="checkbox"/>			
Total Sales \$	R&D Investment (% of budget)		
Total Export Sales \$	Employee Trng. Investment (% of budget)		

Company/Occupant			
Name:		CEO:	
CEO Title:		Address:	
City:		State:	
Zip:		FEIN:	
SIC Code:		UC#	
Contact Name:		Title:	
Phone:		Fax:	
E-mail:		Internet Access:	Yes <input type="checkbox"/> No <input type="checkbox"/>

Beneficial Owner/Developer			
Name:		Address:	
City:		State:	
Zip:		FEIN:	

II. PROJECT SITE LOCATION(S)

Site One:			
Address:		City:	
State:		Zip:	
County:		Municipality:	
PA House #:		PA Senate #:	
US Congressional #:			
Current # of Full-Time Employees at this Site:			
# of Full-Time Jobs to be Created at this Site:			
Enterprise Zone	Brownfield	Act 47 Distressed Community	Keystone Opportunity Zone
Prime Agricultural Area	Uses PA Port		

III. PROJECT INFORMATION

Have you contacted anyone at DCED about your project?

Are you interested in a specific funding source? If so, indicate: tax-exempt financing

___ Project Name/Description (max. 60 characters) Is this project related to another previously submitted project? yes no If yes, indicate previous project name: _____

IV. TYPE OF ENTERPRISE (Check appropriate box or boxes)

Advanced Technology	Exempt Facility	Other (specify)
Agri-Business	Export Manufacturing	Professional Services
Authority	Export Service	Recycling
Call Center	Food Processing	Reg. & Nat. Headquarters
Commercial	Government	Research & Development
Community Dev. Provider	Historical Society	Retail
Computer & Clerical Operators	Hospitality	Social Services Provider
Defense Related	Industrial	Tourism Promotion
Economic Dev. Provider	Manufacturing	Warehouse & Terminal
Educational Facility	Mining	
Emergency Responder	Museum	
Please fill in when "Other" is specified.		

V. INDICATE BUDGET CATEGORY OF FINANCIAL ASSISTANCE REQUESTED (Check all appropriate boxes)

Acquisition	Infrastructure / Site Prep	Operating Costs/Working Capital
General Construction	Machinery and Equipment	Related Costs
		Other Costs Training

VI. HOW WILL THE ASSISTANCE BE USED? (Check all appropriate boxes)

Community Development/Revitalization	Environmental	Recreation
Community Services	Domestic Trade	Tax Credits
Crime Prevention	Export - International Trade	Technology Development
Economic Development/Revitalization	Housing	Tourism Promotion
Education	Planning	

VII. PROJECT BUDGET

Include all sources of funds and project costs. (Include monies not financed with DCED funds.)

Sources	(1) DCED	(2)	(3)	(4)	Total
<i>Type of Financial Assistance</i>					
ACQUISITION					
<i>Land</i>					
<i>Buildings</i>					
Subtotal					
GENERAL CONSTRUCTION					
<i>New Construction</i>					
<i>Renovations</i>					
Subtotal					
INFRASTRUCTURE/ SITE PREPARATION					
<i>Roads & Streets</i>					
<i>Parking</i>					
<i>Water/Sewer</i>					

PROJECT BUDGET (continued)

Sources	(1) DCED	(2)	(3)	(4)	Total
<i>Utilities</i>					
<i>Demolition</i>					
<i>Excavation/Grading</i>					
<i>Environmental Cleanup</i>					
Subtotal					
MACHINERY & EQUIPMENT					
<i>New Equipment Purchase</i>					
<i>Used Equipment Purchase</i>					
<i>Upgrade Existing</i>					
<i>Installation/Building Modification</i>					
<i>Vehicles</i>					
Subtotal					
OPERATING COSTS/ WORKING CAPITAL					
<i>Working Capital</i>					
<i>Salaries & Fringe Benefits</i>					
<i>Training & Technical Assistance</i>					
<i>Consumable Supplies</i>					
<i>Travel</i>					
<i>Promotion/Public Relations/Advertising</i>					
<i>Office Equipment</i>					
<i>Space Costs</i>					
<i>Audit</i>					
<i>Indirect Costs</i>					
Subtotal					

PROJECT BUDGET (continued)

Sources	(1) DCED	(2)	(3)	(4)	Total
RELATED COSTS					
<i>Professional Services/Consultants</i>					
<i>Engineering</i>					
<i>Inspections</i>					
<i>Fees</i>					
<i>Insurance</i>					
<i>Environmental Assessment</i>					
<i>Legal Costs</i>					
<i>Closing Costs</i>					
<i>Contingencies</i>					
Subtotal					
OTHER					
Other					
Subtotal					
TOTAL					

VIII. BASIS OF COSTS (Check appropriate item)

- Appraisals
- Bids/Quotations
- Contractor Estimates
- Engineer Estimates
- Sales Agreements
- Budget Justification

IX. PROJECT NARRATIVE

Attach a comprehensive description of this project. The narrative must specifically address each cost item identified in the project budget. In general, the narrative must include:

- A. Specific Problems to be Addressed or Improvement to be Financed
- B. Project Description
- C. Project Schedule, Key Milestones and Dates
- D. Documentation to Support Budget Costs If

applicable, include:

- E. Certifications or Assurances
- F. Planning/Zoning Letter

X. CERTIFICATION

I hereby certify that all information contained in this document and attachments are true and correct to the best of my knowledge. If I knowingly make a false statement or overvalue a security to obtain a grant and/or loan from DCED, I (company, entity and signer) may be subject to criminal prosecution.

Date: _____

Signature: _____

Print Name: Gary W. Smith Title: President/CEO

Representing: Chester County Industrial Development Authority

Address: 737 Constitution Drive, Exton, PA 19341

If this application is being submitted on behalf of another entity, a certification is also required for that entity.

Signature: _____

Print Name: Title: _____

Corporate Submissions Only:

Attested by: _____ (Signature of Corporate Secretary)

"I understand that in order to facilitate the submission of additional applications for this project on the Internet, information from this application (limited to the profile, project summary and site employment/ projected jobs data) will be available to DCED Authorized Service Providers on the DCED Single Application web site, unless I have checked here _____ "

The Department of Community and Economic Development reserves the right to accept or reject any or all applications submitted on the Single Application for Assistance contingent upon available funding sources and respective applicant eligibility.

IDA APPLICATION APPENDIX

Type of Bond Financing

<u>Issuer</u>		<u>Bond Type</u>	<u>Tax Exempt Category</u>				
<input type="checkbox"/>	PEDFA (Stand Alone)	<input type="checkbox"/>	Tax-Exempt	<input type="checkbox"/>	Manufacturing	<input type="checkbox"/>	Housing
<input type="checkbox"/>	IDA	<input type="checkbox"/>	Taxable	<input type="checkbox"/>	Exempt Facility	<input type="checkbox"/>	Refunding
				<input type="checkbox"/>	Non-Profit	<input type="checkbox"/>	Other

SIC Codes

Company/Developer SIC Code _____ Beneficiary SIC Code _____

Site Description

If the project involves more than one site, or more than one facility on the site, please provide the following details for each site and for each facility.

If the project involves a new site:

If the project involves an existing site:

Land (acquisition) acres _____
 Facility (acquisition) sq. ft. _____
 Facility (expansion) sq. ft. _____
 Facility (renovation) sq. ft. _____
 Facility (construction) sq. ft. _____

Land (existing) acres _____
 Facility (existing) sq. ft. _____
 Facility (expansion) sq. ft. _____
 Facility (renovation) sq.ft. _____
 Facility (construction) sq. ft. _____

Relocation

Is the Company or Beneficiary moving from another site? Yes _____ No x _____

If yes, please complete the following. (Refer to program guidelines)

Former site _____

Reason for move _____

Miles from project site (if move is within PA) _____

Other Tenants

Please complete the following summary for each tenant (other than the Beneficiary) located on the project premises. If there are no other tenants, please indicate this below.

<u>Tenant Name</u>	<u>Business Activity</u>	<u>SIC Code</u>	<u>Sq. Ft. Leased</u>
_____	_____	_____	_____
_____	_____	_____	_____

Company/Developer and Beneficiary Organization Description

Ownership Structure

List the type of organization (sole proprietorship, corporation, general or limited partnership, non-profit) for both the Company/ Developer and the Beneficiary, as well as the year that each was formed. If applicable, list the Corporation Tax Box Number and the Sales & Use Tax License Number for each

	<u>Type of Organization</u>	<u>Year Formed</u>	<u>Corporation Tax Box #</u>	<u>Sales/Use Tax License #</u>
Co/Developer:	_____	_____	_____	_____
Beneficiary:	_____	_____	_____	_____
Ownership:	_____	_____	_____	_____

List all principal owners, controlling stockholder or partners of both the Company/Developer and the Beneficiary. Include the percentage of ownership of each, as well as their Social Security Number (if individual) or FEIN (if company). If the Company/Developer and/or Beneficiary is owned by one or more companies, list the owners of each company and their percentage of ownership. If the Company/Developer and/or Beneficiary is publicly held with no controlling stockholders, please indicate this below.

<u>Company Name</u>	<u>Principal Owners</u>	<u>Social Security #</u>	<u>of Ownership</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Affiliated Organizations

List all companies with which the Company/Developer and/or the Beneficiary are affiliated. For each affiliate, list the nature of the affiliation and the affiliate's location.

<u>Company Name</u>	<u>Affiliation</u>	<u>Location</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

TAX-EXEMPT ELIGIBILITY
(For Tax-Exempt Projects Only)

Please complete this section if you wish to be considered for tax-exempt financing.

1. Restricted uses of Tax-Exempt Loan

- 1) No portion of the loan may be used to finance the following:

Airplane, beer or liquor store, country club, gambling facility, golf course, health club facility, hot tub facility, massage parlor, racetrack, racquet sports facility, skating facility, sky box or other private luxury box, suntan facility or tennis club.

- 2) For manufacturing projects, no more than **25%** of the loan can be used to construct or acquire facilities whose primary purpose is:

Retail service of food and beverage, automobile sales or service. recreation or entertainment.

- 3) For manufacturing projects, use of the loan for the following facilities is partially restricted:

Residential facilities, farm land, buildings, or equipment, condominium facilities such as a single building, enclosed shopping mall, strip offices, stores, or warehouses, using substantial common facilities.

Is the loan intended to be applied to any of the above uses? _____

If yes, please explain on a separate attachment.

2. Refunding

Is this financing a refunding of outstanding tax-exempt debt? _____

If yes, please attach a copy of IRS form 8038 filed in respect of debt to be refunded.

TAX-EXEMPT ELIGIBILITY
(For Tax-Exempt Projects Only)

3. Capital expenditure restrictions (Applicable to manufacturing projects only)

If an individual, corporation, or partnership (or any related entity) receives over \$1,000,000 in tax-exempt financing (including the current financing and any outstanding tax-exempt financing for a facility within the same jurisdiction as the proposed financing), federal tax law places the following restrictions on the Company/ Developer and Beneficiary:

The total of the following with respect to the Company/Developer and Beneficiary (and any related entity) cannot exceed \$20,000,000:

- a) Tax-exempt financing for projects (including this project) or other facilities located in the same city, township, or incorporated municipality; and
- b) Capital expenditures on projects (including this project) or other facilities located in the same city, township, or incorporated municipality, during the six-year period beginning three years prior to funding of this project.

Capital expenditures or bond financing of related persons count toward the \$20,000,000 limit. "Related persons" include any entity related by more than 50% overlapping ownership, including ownership through family relatives.

Please list below all capital expenditures paid, incurred, or expected to be paid by the Company/Developer and Beneficiary, in the six year period beginning three years before the anticipated commencement of this project, for projects or facilities located in the same city, township, or incorporated municipality.

Capital expenditures may include:

Land/Building Construction Equipment Capitalized interest Legal fees	Architects, Engineers Intangibles Tenant improvements Covenants not to compete Capitalized overhead	Purchase of corporate stock Capitalized credit support costs Capitalized property taxes Research and development Equipment to be moved to facility
	Expenditures incurred or to be incurred for this project facility	Expenditures to be incurred at other facilities in the same jurisdiction
Calendar Year		
-3	_____	_____
-2	_____	_____
-1	_____	_____
Current Project	_____	_____
+1	_____	_____
+2	_____	_____
+3	_____	_____
Totals:	_____	_____

TAX-EXEMPT ELIGIBILITY

(For Tax-Exempt Projects Only)

4. Outstanding tax-exempt financing

Manufacturing: The Company/Developer and Beneficiary (and any entity related to the either) cannot have outstanding tax-exempt financing anywhere in the United States or its territories or possessions in excess of \$40 million, including the current financing.

Non-Profit: The non-profit entity and all related persons cannot have outstanding non-hospital tax-exempt financing in excess of \$150 million, including the current financing.

Does the Company/Developer and Beneficiary have any outstanding tax-exempt financed facilities in the United States which fall into the following categories:

(Circle Answer)

Current project. YES NO

Other facilities owned by the Company/ Developer and Beneficiary which were financed with tax-exempt bonds. YES NO

Facilities owned by an entity in which the Company/Developer, Beneficiary, or a related entity of either owns more than 50% of the entity. YES NO

Facilities leased or occupied by the Company/ Developer or Beneficiary which were financed with tax-exempt bonds. YES NO

If you answered yes to any of the above questions please list below the outstanding amount of tax-exempt debt and the location of the facility.

Outstanding amount municipality, county and state percent of facility of tax-exempt financing where financed facility is located owned/occupied.

TAX-EXEMPT ELIGIBILITY
(For Tax-Exempt Projects Only)

5. Facility Use Breakdown (Applicable to manufacturing projects only)

For manufacturing projects, up to, but no more than 25% of the tax-exempt proceeds may be used to finance space or equipment for office, research and development, and warehousing, provided they are directly related to the manufacturing facility and are located on the same premises. ***Please complete the following table which breaks down the usage of the facility to be financed.***

2 **Acquisition of existing facility** (For manufacturing and exempt facility projects)

Activity	Floor space to be financed by bonds	Percentage
Office space		
Research & Development		
Storage of raw materials		
Storage of finished products		
Manufacturing		
Retail		
Other industrial		
Other commercial		
Vacant		
TOTAL		

Will any part of the proposed loan be used to acquire an existing building? ___

If yes, the Company/Developer or Beneficiary must make qualifying rehabilitation expenditures (on the building and any existing equipment contained within it) **at least equal to 15%** of the amount of the loan spent on the acquisition. Enlargements to the building do not count toward this 15% of rehabilitation expenditures. The 15% of rehabilitation expenditures can be financed through the loan or through other sources, but must be made within two years of the date of the acquisition or the date of issuance of the tax-exempt bonds, whichever is later.

Describe the proposed rehabilitation expenditures.

Expenditure source Amount Financing

IDA EXHIBITS

1. **Applicant Resolution**

All applications must include a resolution duly adopted by the Applicant's (IDA) governing board. This resolution should identify the Beneficial Owner/Developer (borrower) and the loan amount, and briefly describe the scope of the project.

2. **Financial Letter of Intent**

All applications must include a "Letter of Intent" from a financial institution. This letter may be provided by: the letter of credit bank; the underwriter; the bond purchaser; or other guarantor.

3. **Contact List**

Please attach a list with the mailing address, contact name, telephone and fax number for the following entities: Beneficial Owner/Developer's counsel; letter of credit bank; underwriter; and bond counsel

4. **Preliminary Bond Counsel Opinion**

Tax-exempt applications, for amounts of \$400,000 or greater, must include a preliminary opinion from a qualified bond counsel that the project appears to qualify for tax-exempt financing under federal law. The opinion should specify the federal tax-exempt category for which the project qualifies. The bond counsel firm that provides this letter should be listed in The Bond Buyer's Municipal Marketplace (known as the "Red Book").

5. **TEFRA Information**

Tax-exempt applications must include a proof of publication of the TEFRA public hearing notice and the necessary elected official approval for each project site. The minutes from the TEFRA hearing must be attached in any of the following circumstances: 1) if the TEFRA hearing was attended by any member of the general public, other than persons representing the Beneficial Owner/Developer, Company/Occupant, or IDA; 2) if the project is located primarily outside of the IDA's county; 3) if the project falls under the exempt facility category; or 4) if the project involves a multi-family housing facility.

6. **Applicant Fees**

To be completed by the IDA: please list all Applicant (IDA) fees to be charged to the Beneficial Owner/Developer's for the IDA project:

	<i>Amount</i>	<i>Formula (if applicable)</i>
<i>Application Fee</i>	<i>\$2,000</i>	
<i>One-Time Fee</i>		<i>40 basis points</i>
<i>Annual Fee</i>	<i>N/A</i>	

CONTACT LIST

Company's Counsel _____

Contact Name _____

Telephone Number: _____ Fax Number: _____

E-Mail: _____

Mailing Address _____

Bank _____

Contact Name _____

Telephone Number: _____ Fax Number: _____

E-Mail: _____

Mailing Address _____

Bond Counsel (if applicable) _____

Contact Name _____

Telephone Number: _____ Fax Number: _____

E-Mail: _____

Mailing Address _____
