



MISSOURI DEVELOPMENT FINANCE BOARD

PUBLIC ENTITY LOAN PROGRAM

**GENERAL INFORMATION
AND
LOAN APPLICATION**

**MISSOURI DEVELOPMENT FINANCE BOARD
200 MADISON STREET, STE. 1000
P.O. BOX 567
JEFFERSON CITY, MISSOURI 65102
(573) 751-8479**

(Rev. March 2007)

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200 Madison Street, Ste. 1000
P. O. Box 567
Jefferson City, Missouri 65102
(573) 751-8479

Public Entity Loan Program Application

The undersigned Applicant hereby submits this Application and requests the Missouri Development Finance Board (the "Board") to make a loan to the Applicant (the "Loan") for the purpose of financing the Project described below (the "Project").

The undersigned hereby agrees that the submission of this Application to the Board, and the Board's adoption of a Resolution indicating an intent to make the Loan to provide funds for the Project will not give rise to an obligation by the Board to fund such Project in the amount requested or in any amount. The undersigned further understands and agrees that there is no assurance that the Loan will be extended by the Board or that Loan proceeds will be sufficient to fund the Project as hereby requested.

For the Board to consider an application, it must be complete with all required attachments or supporting documentation and received by Board staff on the first Monday of the month in which the applicant wishes to be considered. If this date is a state or federal holiday the application is due on the next business day. Applicants are encouraged to work with Board staff prior to submitting the final application to determine if additional information is needed. If sufficient information is not present, the application will be held until a subsequent meeting.

Preliminary resolutions of intent expire 180 days after the date of adoption by the Board. Final authorizing resolutions expire 90 days after the date of Board adoption. Preliminary resolutions for applications processed to the Final Resolution stage, or, not closed prior to expiration of the Final Resolution can only be extended or reauthorized by the Board at a regularly scheduled meeting. If a resolution has expired and the applicant wishes to proceed in closing, then all information in the application must be updated and the applicant, and sub-applicant if applicable, must certify in writing that no material adverse changes have occurred in their financial condition or any other aspect of the project prior to being represented to the Board.

The Board encourages the involvement of minority and women-owned businesses in all of its programs and purchases.

Date: _____ Amount of Loan Requested: \$ _____

Term of Bond Requested: _____

Name: _____

Address: _____

City _____ County: _____ Zip Code: _____

Contact: _____ Telephone: _____

Title: _____ Fax: _____

E-mail: _____

In which state legislative and U.S. Congressional District(s) is the Project located.

House: _____

Senate: _____

U.S. Congressional District: _____

Federal ID No. (FEIN) _____

MTS/Missouri ID No. _____

NAICS Code* _____

*NAICS – North American Industry Classification System. The Federal Office of Management and Budget (OMB) adopted the NAICS as the industry classification system used by the statistical agencies of the United States. NAICS replaces the 1987 Standard Industrial Classification (SIC). The NAICS is used for classifying business establishments to assist with gathering data related to measuring productivity, unit labor costs, and the capital intensity of production, employment and other information. Missouri businesses are assigned a NAICS when the company files a “Report to Determine Liability Status” with the Missouri Department of Labor and Industrial Relations, Division of Employment Security to determine Unemployment Tax Liability. Normally, a general business employer becomes liable for the tax and responsible for providing unemployment insurance for its workers when it:

- Pays \$1,500 in wages (cash and in-kind) in a calendar quarter, or
- Has an employee in some portion of a day in each of 20 different weeks, or
- Becomes liable under the Federal Unemployment Tax Act (FUTA) and employs a worker in Missouri, or
- Acquires and continues without interruption substantially all the business of a liable employer.

A. THE APPLICANT

1. Organization:

What type of governmental entity is the Applicant? _____

If city, what class: _____

2. Legal Counsel to the Applicant:

Firm Name: _____

Address: _____

City _____ State: _____ Zip Code: _____

Contact: _____ Telephone: _____

E-mail: _____ Fax: _____

3. What is the annual average unemployment rate for the City or the County where the Applicant is located for the last three years? Circle below which numbers are cited.

<u>Year</u>	<u>Unemployment Rate as a %</u>
_____	_____
_____	_____
_____	_____
_____	_____

4. List the ten largest employers in the County (City if Applicant is an SMSA) in which the Applicant is located, the assessed valuation of the property owned by such employer in the County, and the total number of people employed in the County.

	<u>Name of Employer</u>	<u>Assessed Value</u>	<u>Number Employed</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____
9.	_____	_____	_____
10.	_____	_____	_____
	Total County Employment	_____	_____

5. What is the total population of the Applicant? _____

Source of Funds:

State amount and sources of financing for all of the Project costs listed above.

<u>Sources</u>	<u>Amount</u>
Application Proceeds	\$ _____
Applicant's Funds	\$ _____
Federal Funds	\$ _____
Other State Funds	\$ _____
Private Funds (Please describe)	\$ _____
Other (Please describe)	\$ _____
TOTAL	\$ _____

Present legal owner of Project site:

If presently owned by Applicant, indicate date of purchase, reason for purchase, and current use of site:

Is there a relationship legally or by virtue of common control between either the current Project user or owner or the proposed Project owner and user or seller of the Project:

Yes No If so, please explain.

Uses of Funds:

On the following table, state the costs reasonably necessary for the acquisition of the site and/or construction of the proposed Project together with any machinery and equipment in connection therewith, including any utilities hook-up, access roads, or appurtenant structures.

Description of Estimated Project Costs

	<u>Total Project Amount</u>	<u>Cost Financed with Application Proceeds</u>
A. Acquisition of Land	\$ _____	\$ _____
Acquisition of Existing Buildings	\$ _____	\$ _____
B. Infrastructure Costs:	\$ _____	\$ _____
1. Filling, grading and provision of drainage	\$ _____	\$ _____
2. Storm water retention	\$ _____	\$ _____
3. Installation and extension of utilities (offsite):	\$ _____	\$ _____
a. water	\$ _____	\$ _____
b. sewer	\$ _____	\$ _____
c. sewage treatment	\$ _____	\$ _____
d. gas	\$ _____	\$ _____
e. electricity	\$ _____	\$ _____
f. communications and similar facilities	\$ _____	\$ _____
4. Installation and extension of utilities (onsite):	\$ _____	\$ _____
a. water	\$ _____	\$ _____
b. sewer	\$ _____	\$ _____
c. sewage treatment	\$ _____	\$ _____
d. gas	\$ _____	\$ _____
e. electricity	\$ _____	\$ _____
f. communications and similar facilities	\$ _____	\$ _____
5. Construction, extension or improvement of roads and/or rail lines	\$ _____	\$ _____
6. Extension of sidewalks and curbing	\$ _____	\$ _____
7. Elimination of Blight (please describe)	\$ _____	\$ _____
8. Other (please describe)	\$ _____	\$ _____
C. Facility Construction Costs (exclude inventory and working capital):		
1. Architectural and Engineering	\$ _____	\$ _____
2. Site Preparation	\$ _____	\$ _____
3. Materials	\$ _____	\$ _____
4. Labor	\$ _____	\$ _____
5. Construction Contracts	\$ _____	\$ _____
6. Utilities Connection	\$ _____	\$ _____
7. Paving and Landscaping	\$ _____	\$ _____
D. Renovation Costs	\$ _____	\$ _____
E. Machinery and Equipment	\$ _____	\$ _____
F. Furniture and Fixtures	\$ _____	\$ _____
G. Interest During Construction		
From _____ To _____	\$ _____	\$ _____
H. Accounting, Legal, Miscellaneous	\$ _____	\$ _____
I. Contingency	\$ _____	\$ _____
TOTAL PROJECT COSTS	\$ _____	\$ _____

The Board encourages the involvement of minority and women-owned businesses in all of its programs and purchases. The following disclosure is compiled for information purposes only:

	<u>No. of Firms</u>	<u>\$ Amount</u>
Minority Business Enterprise (MBE)	_____	_____
Women Business Enterprise (WBE)	_____	_____

C. FINANCIAL INFORMATION

1. Financial Statements:

Attach audited financial statements for at least the last five (5) fiscal years, including the most recent interim statement (not more than 90 days old).

2. Certified Public Accountant:

List the name of the certified public accounting firm(s) which has (have) performed audits of the Applicant's books and records for the past five years.

3. Financial Difficulties:

Has the Applicant, or any corporation formed by or on behalf of the Applicant, ever defaulted on its debt obligations, been involved in bankruptcy, creditor's rights, or receivership proceedings, or been involved in criminal proceedings bearing on the handling of financial matters?

Yes No

If yes, please give details.

4. Litigation:

Is the Applicant presently involved in any litigation which could have a material effect on its financial solvency?

Yes No

If yes, please give details.

5. Please list the Applicant's general fund and other key fund surpluses (or deficits) for the last ten years.

General Fund () for deficits	_____ Fund () for deficits	_____ Fund () for deficits
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

6. Does the Applicant's total of direct and overlapping debt (including lease-purchase financing) exceed 5% of assessed valuation for the most recent fiscal year?

Yes No

7. Does the Applicant's annual total of direct, long-term debt payments (including lease-purchase or annual appropriation obligations payable from general revenues) exceed 10% of annual General Fund Revenue?

Yes No

8. Has the Applicant ever defaulted on any obligation or failed to appropriate for any lease or any other annual appropriation obligation during the last 20 years?

Yes No

If yes, please explain.

9. List the Applicant's assessed valuation for the last four years.

<u>Year</u>	<u>Assessed Valuation</u>
_____	_____
_____	_____
_____	_____
_____	_____

10. Describe any indebtedness (principal amount, term, interest rate, security) incurred by the Applicant since the date of the Applicant's last audit.

D. SECURITY FOR THE LOAN

Describe what additional security the Applicant is willing to pledge to secure the Loan:

- | | | | | |
|----------------------------|-----|-------|----|-------|
| 1. Annual Appropriation: | Yes | _____ | No | _____ |
| 2. TIF Revenues: | Yes | _____ | No | _____ |
| 3. Tax Revenues: | Yes | _____ | No | _____ |
| 4. Other Fees or Revenues: | Yes | _____ | No | _____ |
| 5. Real Property: | Yes | _____ | No | _____ |
| 6. Other: | Yes | _____ | No | _____ |

E. CERTIFICATION OF APPLICANT:

- I certify that I am an authorized representative of the applicant and as such am authorized to make the statement of affirmation contained herein.
- I certify that the applicant does NOT employ illegal aliens and that the applicant has complied with federal law (8 U.S.C. § 1324a) requiring the examination of an appropriate document or documents to verify that an individual is not an unauthorized alien.
- I understand that if the applicant is found to have employed an illegal alien in Missouri and did not, for that employee examine the document(s) required by federal law, that the applicant shall be ineligible for any state-administered or subsidized tax credit, tax abatement or loan for a period of five years following any such finding.
- I hereby agree to allow representatives of the Department of Economic Development and the Missouri Development Finance Board access to the property and applicable records as may be necessary for the administration of this program.
- I certify under penalties of perjury that the above statements and information contained in the application and attachments are complete, true, and correct to the best of my knowledge and belief.

NAME OF APPLICANT

DATE

SIGNATURE

NAME OF SIGNER

TITLE (printed or typed)

STATE OF MISSOURI)
) ss.

COUNTY/CITY OF _____)

On this _____ day of _____, 200__, before me, _____, a Notary Public in and for said state, personally appeared _____, known to me to be the person who executed the Certification and acknowledged and states on his/her oath to me that he/she executed the same for the purposes therein stated.

Notary Public

(SEAL)

My commission expires _____

A check in the amount of \$_____ representing the application fee is enclosed.

The issuance fee of \$_____ will be due simultaneously with the issuance of the Bonds.

Application Fee: 0.10% of principal amount of Bonds requested (with a minimum of \$500 and a maximum of \$2,500)

Issuance Fee: 0.25% of the principal amount of the bonds issued up to and including \$25,000,000

0.10% of principal amount of Bonds issued for that portion that is over \$25,000,000

The maximum issuance fee is \$75,000.

(Please note: For the refunding of bonds that were original issued by the Board, the Board will not charge (1) an application fee and (2) each tier of the issuance fee above will be reduced by 33.34%.)