



**CALIFORNIA INFRASTRUCTURE AND ECONOMIC DEVELOPMENT BANK (IBANK)
EXEMPT FACILITY BONDS APPLICATION**

1. DATE SUBMITTED			2. DATE RECEIVED BY IBANK		
APPLICANT INFORMATION					
3. LEGAL NAME OF APPLICANT			4. DATE ORGANIZED		
5. MAILING ADDRESS OF APPLICANT <i>(include street, suite #, city, county, state, and ZIP code)</i> Street Suite # City County State ZIP Code			6. PRIMARY CONTACT INFORMATION Name: Title: Address (if different): Phone: E-mail: Website:		
7. HOW DID YOU HEAR ABOUT IBANK?					
FINANCING INFORMATION					
8. PRINCIPAL AMOUNT: \$		TAX-EXEMPT \$		TAXABLE \$	
9. PROPOSED CLOSING DATE	10. MATURITY Years	11. INTEREST RATE MODE <input type="checkbox"/> Fixed <input type="checkbox"/> Variable			
12. TYPE OF OFFERING <input type="checkbox"/> Public Offering <input type="checkbox"/> Private Placement	13. MINIMUM DENOMINATIONS \$	14. CREDIT ENHANCEMENT <input type="checkbox"/> None <input type="checkbox"/> Letter of Credit <input type="checkbox"/> Bond Insurance <input type="checkbox"/> Other (<i>specify</i>):			
15. NAME OF CREDIT ENHANCEMENT PROVIDER OR PRIVATE PLACEMENT PURCHASER (IF ANY): <input type="checkbox"/> Credit Enhancement Provider: <input type="checkbox"/> Private Placement Purchaser:		16. EXPECTED CREDIT RATING <div style="display: flex; justify-content: space-around;">BorrowerCredit Enhancement Provider</div> <input type="checkbox"/> S&P <input type="checkbox"/> Moody's <input type="checkbox"/> Fitch <input type="checkbox"/> Unrated			
17. TYPE OF FINANCING: <input type="checkbox"/> Acquisition of Existing Facility <input type="checkbox"/> New Construction <input type="checkbox"/> Refunding (Please mark all of the above categories that apply.)					

PRINCIPAL FINANCE TEAM INFORMATION

18. UNDERWRITER¹/PRIVATE PLACEMENT AGENT Contact: Title: Firm: Address: Phone: E-mail:	19. BOND COUNSEL Contact: Title: Firm: Address: Phone: E-mail:
20. UNDERWRITER'S COUNSEL Contact: Title: Firm: Address: Phone: E-mail:	21. DISCLOSURE COUNSEL Contact: Title: Firm: Address: Phone: E-mail:
21. TRUSTEE/TENDER AGENT Contact: Title: Firm: Address: Phone: E-mail:	23. FINANCIAL ADVISOR/ CONSULTANT Contact: Title: Firm: Address: Phone: E-mail:

ADDITIONAL INFORMATION

Please provide the following additional information:

ATTACHMENT	DESCRIPTION OF INFORMATION:
A	- History of applicant, including applicant's mission and objectives.
B	- Names, titles, city and state of applicant's corporate officers and board members.
C	- Purpose and description of each facility or project to be financed, including estimated timeline with start and completion dates. For construction projects, provide the name of the Construction Company or Developer completing the work. For property acquisition, provide the name of the seller.
D	- Address of each facility to be financed with any project funds including street address, city, county, and ZIP code.
E	- Comprehensive description of the project public benefits (including, but not limited to: economic values added to the state, number of jobs created and retained and its environmental impacts).
F	- Description of any past, present or potential controversy connected with the project or financing.
G	- Project's sources and uses of funds.
H	- Project's permit status.
I	- Evidence of credit enhancement or intent to purchase bonds (if available).
J	- List of outstanding prior debt (tax-exempt and taxable) .
K	- Contact information including name, title, firm, address, phone, and email address for all finance team members.
L	- Audited Financial statements for the three most recent fiscal years.
M	- Bylaws and Conflicts of Interest Policy (if any).
N	- Draft bond documents and copy of lease.

APPLICANT CERTIFICATION

I, *(name of signatory)* as *(name of position)*, an authorized officer of the *(name of applicant)*, certify that, to the best of my knowledge, the information contained in this application, including all attachments, is true and accurate.

I certify the project is consistent with existing local or regional comprehensive plans.

Signature:

Date:

- 1- Please note that for Publicly Offered bond transactions the Underwriter must be listed on the California State Treasurer's Underwriter Pool list. For more information, please refer to <http://www.treasurer.ca.gov/bonds/pools/underwriter.asp>.

IBank Fee Schedule for Exempt Facility Bonds

Application Fee: The Application Fee is due when the application is submitted (non-refundable).

Par Amounts	Application Fee
≤ \$1,000,000	\$2,000
\$5,000,000	\$2,500
\$10,000,000	\$2,500
\$30,000,000	\$3,000
\$50,000,000	\$3,500
\$100,000,000	\$3,500
\$200,000,000	\$4,000
\$300,000,000	\$4,000
\$400,000,000	\$4,000
\$500,000,000	\$4,500
\$1,000,000,000	\$4,500
> \$1,000,000,000	\$5,000

Issuance Fee: The Issuance Fee is payable upon bonds/obligations closing.

Annual Fee: The Annual Fee is based on the par amount outstanding until the bonds/obligations are fully redeemed.

Par Amounts	Issuance Fee	Annual Fee
≤ \$1,000,000	\$2,500	\$500
\$5,000,000	\$12,500	\$500
\$10,000,000	\$25,000	\$500
\$30,000,000	\$45,000	\$1,000
\$50,000,000	\$55,000	\$2,500
\$100,000,000	\$75,000	\$3,000
\$200,000,000	\$100,000	\$3,000
\$300,000,000	\$125,000	\$3,500
\$400,000,000	\$150,000	\$4,000
\$500,000,000	\$200,000	\$5,000
\$1,000,000,000	\$300,000	\$6,000
> \$1,000,000,000	\$400,000	\$8,000

Agent for Sale Fees for Exempt Facility Bonds

State Treasurer's Office (STO) Agent for Sale Fee: On Public Offering transactions that the State Treasurer's Office acts as Agent for Sale, applicants will pay STO's Agent for Sale Fee directly to STO.

Par Value	Variable Rate Transactions Using Template Documents*	All Other Transactions
≤\$5,000,000	\$3,000	\$4,000
\$5,000,001 - \$40,000,000	\$4,000	\$6,000
\$40,000,001 - \$100,000,000	\$6,000	\$8,000
>\$100,000,000	\$8,000	\$10,000

*Template Documents involve the use of the PFD pre-approved form of bond purchase agreement/contract.

California Debt Limit Allocation Committee (CDLAC) Fee

CDLAC Fee: To obtain information regarding the California Debt Limit Allocation Committee (CDLAC) Application Fee, please refer to: <http://www.treasurer.ca.gov/cdlac/applications/exempt/index.asp>.

Please submit one original application, all attachments, and a check made payable to the California Infrastructure and Economic Development Bank for the *non-refundable* Application Fee, to the following:
California Infrastructure and Economic Development Bank
Attn: Bond Financing Unit Manager
P.O. Box 2830
Sacramento, CA 95812-2830

ATTACHMENT A

HISTORY OF APPLICANT INCLUDING APPLICANT'S MISSION AND OBJECTIVES

Note: If applicant is affiliated in any respect with a religious organization, please list the organization and explain the affiliation.

ATTACHMENT B**NAMES AND TITLES AND AFFILIATIONS
OF APPLICANT'S CORPORATE OFFICERS AND BOARD MEMBERS**

Officers	
[XXXX], Chief Executive Officer	
[XXXX], Chief Operating Officer	
[XXXX], Chief Financial Officer	
Board Members	
XXX, [Board Chair]	Position: Affiliated Company: City, State:
XXX, [Secretary]	Position: Affiliated Company: City, State:
XXX, [Member]	Position: Affiliated Company: City, State:
XXX, Member	Position: Affiliated Company: City, State:
XXX, Member	Position: Affiliated Company: City, State:
XXX, Member	Position: Affiliated Company: City, State:

Please include details of any known relationships between the applicant or affiliate(s) of the applicant, with any of the key financing team members (i.e. common ownership, financial transactions or agreements aside from normal bond financing documents).

ATTACHMENT C

PURPOSE AND DESCRIPTION OF EACH FACILITY OR PROJECT TO BE FINANCED

Please provide:

1. Comprehensive purpose and description of each facility or project that requires financing;
and

2. Complete the following Table and include Project photos and/or architectural renderings.

Project Site	Construction Start Date	Expected Construction Completion Date	Estimated Project Cost	Construction Company/Developer	Property Seller (for property acquisition)

**ADDRESS OF EACH FACILITY
TO BE FINANCED WITH ANY PROJECT FUNDS**

Please provide detailed address:

Street
Suite #
City
County
State
ZIP Code

Street
Suite #
City
County
State
ZIP Code

Street
Suite #
City
County
State
ZIP Code

COMPREHENSIVE DESCRIPTION OF PROJECT PUBLIC BENEFITS

All Exempt Facility projects approved through IBank must provide clearly defined public benefits. Please provide:

1. Comprehensive description of the organization's public benefits, as well as any that are associated with the facility (ies) (such as economic, cultural, educational, and environmental benefits and any job creation or retention).

2. Purpose of the Original Debt (s) that will be refunded and the related Trustee.

3. Complete the following Tables with highlights of Project (s) & Job Creation, Current Debt and Analysis of Refunding Cost Savings, if applicable. (Please add rows as needed.):

Project (s) & Jobs Information					
	Current Employees		Job Creation		
Project	Full Time	Part Time	Construction	Full Time	Part Time

Current Debt (Refunding Candidate)							
Bond Series/ Loans	Issuer	Issued Par Amount	Issue Date	Current Outstanding Balance	Interest Rate	Maturity Date	Date Project Completed

Analysis of Refunding Cost Saving				
Bond Series / Loans	Debt Service Savings/Yr.	PV of Total Savings	Ratio of PV Savings to the Par Amount of Refunded Debt	Public Benefits of PV Savings

*Present Value (PV)

Note: If Refunding will not result in any cost savings, please describe the reason(s) for refinancing.

**DESCRIPTION OF ANY PAST, PRESENT OR POTENTIAL CONTROVERSY
CONNECTED WITH THE PROJECT OR FINANCING**

PROJECT SOURCES AND USES OF FUNDS

Please provide a comprehensive accounting of the project, including:

- All sources of funds (including but not limited to bond funds, equity, donations, grants); and
- All uses of these funds.

Sample Sources and Uses:

Estimated Sources of Funds	Amounts	Estimated Uses of Funds	Amounts
Tax-Exempt Bonds Proceeds		Land Acquisition	
Taxable Bonds Proceeds		New Construction	
Borrower Funds		Renovation/Retrofit	
		Equipment/Furniture	
		Costs of Issuance	
Total Sources		Total Uses	

PROJECT PERMIT STATUS

1. Does the project currently comply with all applicable local land use and zoning ordinances (if no, please explain)?

2. Have all local approvals (other than building permits) necessary to begin construction been obtained (if no, please explain)?

3. List any discretionary permits not currently obtained and whether they will be obtained prior to issuance of the bonds.

4. List any non-discretionary permits required for operation of the project facilities that will not be obtained prior to issuance of the bonds.

**EVIDENCE OF CREDIT ENHANCEMENT
OR INTENT TO PURCHASE BONDS (if available)**

ATTACHMENT J**LIST OF OUTSTANDING PRIOR DEBT**

Outstanding Debt	Debt Type (Tax-exempt/taxable)	Issue Date	Issue Par Amount	Final Maturity	Current Outstanding Amount	Trustee

ATTACHMENT K

Finance Team Members' Contact Information

Contact: Title: Firm: Phone: E-mail:	Contact: Title: Firm: Phone: E-mail:
Contact: Title: Firm: Phone: E-mail:	Contact: Title: Firm: Phone: E-mail:
Contact: Title: Firm: Phone: E-mail:	Contact: Title: Firm: Phone: E-mail:
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Contact: Title: Firm: Phone: E-mail:	Contact: Title: Firm: Phone: E-mail:

**FINANCIAL STATEMENTS
FOR THE THREE MOST RECENT FISCAL YEARS**

ATTACHMENT M

BYLAWS AND CONFLICTS OF INTEREST POLICY (IF ANY)

Please include:

- Indenture
- Loan Agreement
- Bond Purchase Agreement
- Preliminary Official Statement (If applicable.)
- Current or Proposed Facility / Site Lease Agreement

Note: *IBank prefers to receive these documents **with the application**. However, IBank will accept applications without these documents with the condition that these documents be received by IBank **no later than 35 days prior to the IBank Board Meeting date**. Substantially Final Draft of Bond Documents should be received **no later than 22 days prior to the IBank Board Meeting date**.*

*Please note that IBank requires a copy of the executed Applicant's Board Resolution (if applicable), authorizing the bond financing with IBank, **no later than 7 days prior to the IBank Board Meeting date**.*

Reference to the IBank Board Meeting date in this ATTACHMENT M means the IBank Board Meeting at which the applicant wishes the request to be considered.