

Application Instructions for Recovery Zone Facility Private Activity Bond Volume Cap Allocation

The information requested below will be used by the Nebraska Department of Economic Development to evaluate applications for allocations of Recovery Zone Facility Bond volume cap authority. Department personnel will review all applications and will make recommendations to the Department Director. The Director will forward his recommendations to the Governor's office, which upon review of such recommendations will determine all allocations of volume cap authority. Any questions should be addressed to the Nebraska Department of Economic Development, P.O. Box 94666 – 301 Centennial Mall South, Lincoln, NE 68509-4666, phone (402) 471-3111 or (800) 426-6505. Email inquiries can be directed to the attention of Gary Hamer or Stew Jobs at the following addresses: gary.hamer@nebraska.gov, or stew.jobs@nebraska.gov.

Each Applicant is responsible for determining whether the issuer of any proposed Recovery Zone Facility Bonds is an eligible issuer and whether such Applicant may be the user of the proceeds of such bonds. Federal ARRA transparency requirements may apply.

Application for Recovery Zone Facility Bond Volume Cap Allocation

Amount of Allocation Requested: \$ _____

1. Person Preparing Application _____

Address _____

Daytime Telephone () _____, Email address: _____

2. Business to be assisted _____ DUNS # _____

Address _____

Business Contact Person _____

Daytime Telephone () _____, Email address: _____

3. Proposed Issuer of any Bonds (City/Village/County) _____

Contact Person _____

Address _____

Daytime Telephone () _____, Email address: _____

4. Business Type: _____ Corporation _____ Partnership _____ Proprietor
_____ Existing _____ Startup _____ Other

If "startup" is checked, provided the estimated date of formation. Please provide a copy of the Articles of Incorporation, Articles of Organization, bylaws, operating agreement, partnership agreement and other relevant materials, when available, regarding legal status for categories listed above.

Is the business in good standing in Nebraska? _____ Yes _____ No

5. Type of Business _____ Manufacturing _____ Wholesale _____ Retail _____ Service

6. Please describe in reasonable detail the project to be financed and the industry in which the project will serve: _____

7. Type of Project (check one)

Acquisition and Rehabilitation

New Construction

8. Provide a narrative description of the project. The narrative description should include the following elements:

- a. Include land acreage
- b. proposed buildings
- c. products to be produced
- d. equipment required
- e. users of your product or services, etc.

9. Will any portion of the project be used for residential rental property, commercial golf courses, country clubs, massage parlors, hot tub or suntan facilities or racetracks or other gambling facilities or liquor stores: _____ YES _____ NO

10. Development Team

For each participant listed below, provide the full name of the firm and/or individual, their street address, city, state, zip code, telephone number, facsimile number and the name of a contact person. Please identify which of the following they represent.

- a. Owner/Developer
- b. Engineer
- c. General Contractor
- d. Owner/Developer Counsel
- e. Bond Counsel
- f. Consultant (if any)
- g. Underwriter
- h. Bond Trustee

11. Project Readiness

- a. Estimated start date of construction: _____
- b. Estimated completion date: _____
- c. Do you have final plans and specifications: _____ YES _____ NO
- d. Do you have a signed construction contract: _____ YES _____ NO
- e. Have you received all governmental permits and approvals: _____ YES _____ NO
- f. Has the issuer adopted a resolution of intent to issue the bonds: _____ YES _____ NO If

“yes”, please provide a copy of such resolution.

12. Could this project be financed without an allocation of Recovery Zone Facility Bond volume cap authority?

_____ YES _____ NO

13. Has the proposed issuer of the bonds declared the site of the project to be a Recovery Zone? _____ YES _____ NO
If "yes", please provide a copy of the ordinance or resolution of the issuer making such designation.
If "no", please provide a time line for making such designation from other form.

14. Why is the project area in distress (i.e. increase in unemployed, low income, loss of population etc.):

Sources of information:

County Unemployment rate – <http://www.dol.nebraska.gov/nwd/iinfolinkanimated.html>

Unemployed persons in county – <http://www.dol.nebraska.gov/nwd/center.cfm?PRICAT=3&SUBCAT=4F>

Loss of population in project county – <http://www.neded.org/files/research/stathand/bsect4b.htm>

15. Employment Information

Applicant's Current Employment _____ (Full-Time Equivalent)

FTE Jobs that will be created as a result of the project. Identify two years of job creation. _____ (Full-Time Equivalent)

Average Starting Wage \$ _____

16. Describe the potential this business has to attract additional private investment and supporting industry to the project area.

17. Please provide the following if available:

- a. Opinion of bond counsel indicating that the issuer is eligible to issue Recovery Zone Facility Bonds and that the project is eligible to be financed with the proceeds of such bonds.
- b. Brief history of business, growth, jobs, markets, business niche, and why business will be successful
- c. Written funding commitments or other evidence of long-term and interim financing

18. Does the Applicant expect the issuer to issue bonds by 7/1/2010? _____ Yes _____ No

19. Projected Sources and Uses of Funds:

Uses of Funding	Sources of Funding			
	Bank	Bond Proceeds	Public	Equity
Site Improvements				
Structure				
Equipment				
Reserves				
Costs of Issuance				
TOTALS				
TOTAL PROJECT COSTS			\$	\$
Committed?	Yes/No	Yes/No	Yes/No	Yes/No

22. Other comments or information that may be useful in evaluating the project and the request for volume cap:

Signature of Applicant

Date

Notes: