



STATE OF MISSISSIPPI

GOVERNOR PHIL BRYANT

DEPARTMENT OF FINANCE AND ADMINISTRATION

LAURA D. JACKSON
EXECUTIVE DIRECTOR

Please provide the following information in the space provided and return this form along with the requested information to the Bond Advisory Division of the Department of Finance and Administration no later than May 31, 2019.

Contact Information:

Legal Name of Organization: _____

DBA Name of Organization (if applicable): _____

Form of Organization (ex. 501(c)(3), governmental, etc.): _____

Governing Authority (ex. board of supervisors): _____

Primary Contact:

Secondary Contact:

Name: _____ Name: _____

Job Title: _____ Job Title: _____

Mailing Address: _____ Mailing Address: _____

Phone Number: _____ Phone Number: _____

Email: _____ Email: _____

Project Information:

Location of Project (i.e. Address and/or parcel #):

Legal Owner of Property: _____

Start Date of Project (actual or projected): _____

Completion Date of Project (actual or projected): _____

Estimated Useful Life of Completed Asset: _____

Project Information (Continued):

Project Description: (Attach additional pages if necessary.)

Private Activity Use Test:

Is the project being funded by State bond proceeds going to be used for public use? Yes No

Will any of the State bond proceeds be used for any private business use? Yes No

Will the payment of the principal of, or the interest on the State bond proceeds either directly or indirectly:

(A) be secured by an interest in:

(i) the property used or to be used for a private business use? Yes No

(ii) payments in respect of such property? Yes No

--OR--

(B) be derived from payments in respect of property, or borrowed money, used or to be used for a private business use? Yes No

Will the State bond proceeds be used (directly or indirectly) to make or finance loans to persons other than governmental units? Yes No

NOTE: For the purposes of this form, and the section titled "Private Activity Use Test", all terms will be construed to have the same meaning as defined in 26 U.S. Code § 141, et. seq. (Subpart A – Private Activity Bonds).

Project Information (Continued)

Project Finances:

Total Estimated Project Cost: _____

Funding Source	Amount	Funds Received
Total Project Funding		

Other Funding Sources:

Other than the funding sources listed above, have any other sources of funding for this project been considered, including but not limited to the following: **(Check all that apply)**

- Local government bonds;
 - Tax increases or implementation;
 - Grants (Federal);
 - Grants (State);
 - Grants (Other);
 - Loans (including but not limited to sources such as the MS Development Bank, MS Development Authority, the MS Department of Environmental Quality, USDA Rural Development, etc.);
 - Direct appropriation;
 - Private funding; and/or
 - Other
- No other funding sources have been actively pursued.

In the chart below, provide the requested information related to each box checked above. If more space is needed, please attach an additional page to this form.

Other Funding Source	Type of Funds	Amount of Request	Date of Request	Status of Request

Project Information (Continued)

Expense Reimbursement and Recurring Expenses:

Will any project expenses be incurred prior to the receipt of these State bond proceeds?

Yes No

If yes, will the State bond proceeds be used to pay for project expenses that were incurred prior to the receipt of the State bond proceeds? Yes No

If yes, have you previously obtained a Declaration of Intent to Issue the Bonds from the State Bond Commission? Yes No

If yes, provide the date of such Declaration of Intent_____.

Will any of the State bond proceeds be used to pay recurring operational expenses (ex. salaries)? Yes No

NOTE: The information requested above is basic project information that will be compiled for further review by the State of Mississippi’s Bond Commission members and their respective staffs. Commission members may request additional information at any time throughout the pre-issuance and post-issuance process. When such information is requested, your organization will be expected to provide the information in a manner that is timely and satisfactory to the Commission.

The submission of this project information should not be construed as approval of the State bond funds. The State Bond Commission must approve all funding before State bonds will become available. It is strongly advised that no reliance should be made on the receipt of State bonds until the Bond Commission has approved the bond funding during a public meeting.

(Remainder of page left blank intentionally.)

Under penalty of perjury, I, the undersigned authority, swear and affirm that the above information is true and correct to the best of my knowledge.

Signature of Applicant

Printed Name

Title

Date

Sworn to and subscribed before me this _____ day of _____, 20____.

State of Mississippi
County of: _____

Notary Public _____

SEAL

My Commission Expires: _____