Request for Volume Cap Allocation

The Internal Revenue Code allows state and local government issuers to issue certain tax - exempt private activity bonds subject to an annual maximum amount that may be issued in each state. The Office of the Rhode Island General Treasurer, through the Public Finance Management Board (PFMB), is the administrating agency for the allocation of Private Activity Bond (PAB) volume under the Code. Those seeking to issue eligible private activity bonds that require a PAB volume cap allocation may apply by completing this application.

Applications must be submitted to the PFMB at least two weeks prior to a board meeting. The meeting schedule is at <u>debt.treasury.ri.gov</u>. For further information please contact Frank Quinn, Director of Debt Management at 401-462-6951 or francis.quinn@treasury.ri.gov.

APPLICATION FOR PRIVATE ACTIVITY BOND ALLOCATION - COVER SHEET

| 1. ISSUING AUTHORITY | | |
|---------------------------------------|----------------------------------|--|
| (name) | | |
| (address) | | |
| (issuing authority officer and title) | (telephone, fax, e-mail address) | |
| 2. PRIVATE BENEFICIARY OR PROPOSED I | PROJECT OR FINANCING | |
| (name) | | |
| (address) | | |
| (principal company or entity contact) | (telephone, fax, e-mail address) | |
| 3. BOND COUNSEL FIRM | | |
| (name) | | |
| (address) | | |
| (individual responsible attorney) | (telephone, fax, e-mail address) | |
| 4. PROJECT OR FINANCING NAME: | | |

| 5. TYPE OF BONDS (check one below | w) |
|---|---|
| Single Family Mortgage | Qualified Redevelopment Bonds |
| Student Loans | Exempt Facility Bonds |
| Manufacturing | Enterprise Zone Facility Bonds |
| Other (Please Specify) | |
| 6. TYPE OF ALLOCATION REQUEST (| (check one below) |
| New Request * | Amended Request * |
| * Any previously approved, but unus | sed allocation amount must be reported to the Board. |
| 7. AMOUNT OF ALLOCATION REQU | EST \$ |
| Please review the list of require | ed attachments, sign and date, and mail application to the RI Treasurer's Office. |
| To the best of my knowledge, the fo | regoing information and the attachments hereto are true and correct. |
| (issuing authority officer) | |
| REQUIRED ATTACHMENTS (Incompl | ete applications will not be accepted): |
| • Completed application as cover sh | eet. A separate application is required for each request |
| • A statement of project priority if m | nore than one request for allocation is submitted |
| Certified copy of Inducement Reso | lution, if any |
| • Copy of application, if any, submitted | ted to issuing authority in connection with inducement |
| Signed statement of intent or other | er indication of proposed credit enhancement, if any |
| • Issuer or Beneficiary market analysproceeds and other sources of finances | sis, business plan and financial statements (include proposed allocation of bond cing for project) |
| Other information specifically requ | uested to assist in reviewing project as detailed in the information packet |
| Itemization of prior-year cap allocation financing | ation, recycled allocation and/or carryforward Cap allocation to be used in requested |
| When complete, please mail to: | Francis Quinn, Debt Manager Rhode Island Office of the General Treasurer 50 Service Avenue, 2nd Floor |

NOTE: All required attachments must be submitted by the application deadline. NO incomplete or late applications will be accepted.

Warwick, RI 02886