

APPLICATION FOR RECOVERY ZONE BOND REALLOCATION

The following form will be used by the County of Solano to gather information regarding the use of its Recovery Zone Bond Allocation for local Recovery Zone Facility Bonds and Recovery Zone Economic Development Bonds. The completed form should be returned to the County Administrator's Office.

Bond Issuer									
NAME OF ISSUER		NAME OF ISSUER'S		REPRESENTATIVE	TITLE				
STREET ADDRESS		РО ВОХ		CITY	STATE	ZIP CODE			
TELEPHONE	FAX NUMBER	FAX NUMBER		E-MAIL ADDRESS					
DESCRIPTION OF RECOVERY ZONE AREA				COUNTY					
LOCAL COVERNMENT HIPODICTION									
LOCAL GOVERNMENT JURSDICTION									
				TITLE					
CHIEF ADMINISTRATIVE OFFICER			IIILE						
HAS SAID OFFICER APPROVED THE PROF	POSED FINANCING?		HAS A PU	 IAS A PUBLIC HEARING BEEN HELD CONCERNING THE PROPOSED FINANCIN					
YES NO NOT REQUIRED				S NO TO BE HELD NOT REQUIRED					
	,			S NO TO BE HELD NOT REQUIRED					
BOND COUNSEL FOR ISSUER		FIRM NA	AME						
OTDEET ADDRESS		DO DOV		LOUTY	I OTATE	T 710 0005			
STREET ADDRESS TELEPHONE FAX NUMBER		PO BOX		CITY	STATE	ZIP CODE			
				E-MAIL ADDRESS					
TEELTHONE	TOCHOWIBER								
Description of Project or Finar	ncing								
TYPE OF BONDS (CHECK ONE THEN COM	PLETE SUBSECTION)								
☐ Economic Development Bonds									
	1		0 11	☐ Facility	Bonds				
Qualified Economic Development Purpose: Capital expenditures for property in the zone	To be issued as: General obligation			☐ Facility ied Economic Development Purpose: tal expend itures for property in the	To be is	ssued as:			
Qualified Economic Development Purpose: Capital expenditures for property in the zone Public infrastructure	To be issued as: General obligation Utility revenue bor	nds	☐ Capi zone	ied Economic Development Purpose: tal expend itures for property in the	To be is	al obligation bonds			
Qualified Economic Development Purpose: Capital expenditures for property in the zone Public infrastructure Public facilities Job training and educational programs	To be issued as: General obligation Utility revenue bor Leasehold revenue Certificates of part	nds bonds icipation	□ Capi zone □ Publ □ Publ	ied Economic Development Purpose: tal expend itures for property in the ic infrastructure ic facilities	To be is Gener Utility Leasel	al obligation bonds revenue bonds hold revenue bonds			
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DESCRIBE THE SPECIFIC BENEFIT OF A RECOVERY ZONE BOND TO THE PROJECT										
IS THE PROJECT FACILITY (CHECK ALL THAT APPLY TO FACILITY, AS APPLICABLE):										
 □ NEW CONSTRUCTION □ RENOVATION 										
□ RENOVATION □ HISTORIC — ON NATIONAL REGISTER □ YES □ NO										
□ OTHER										
IS THIS PROJECT PART OF AN APPROVED COMMUNITY PLAN? TYPES TO NO										
IF YES, WHICH PLAN APPROVAL DATE										
Investment										
		TOTAL	PRIVATE		LEVERAGED	PUBLIC INVESTMENT				
		INVESTMENT	INVESTMENT		SOURCE		AMOUNT			
LAND & SITE PREF	PARATION									
BUILDING										
EQUIPMENT										
OTHER										
TOTAL INVESTME	NT									
Jobs & Wages	NI									
Jobs & wages			WITHIN 1 YEAR	CUMI	ULATIVE OVER 5 YEARS	AVERAGE \	WAGE OF NEW JOBS			
Estimate the number	or of permanent new	v jobs for this project:		00	022 0.20	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
Latimate the number	or permanent nev	y jobs for this project.		NUM	BER OF RETAINED JOBS	AVERAGE	WAGE OF RETAINED			
Provide the number of retained jobs for this project: JOBS										
The result of the manner of the angle of the project					BER OF CONSTRUCTION					
Provide the number of relevant construction jobs for this project			et:	JOBS						
Closing Inform	ation									
ANTICIPATED DATE (OF CLOSING (NEEDS S THAT HAVE OCCL	S TO BE AS ACCURATE A JRRED TO SUPPORT BOY	AS POSSIBLE) ND CLOSING ON THE A	BOVE D	DATE					
DECONDE NOTIVITE	.0 111111111111111111111111111111111111	74425 10 0011 0141 501	TO CLOOM TO CITY THE A		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
Attestation										
	T THE ABOVE	INFORMATION IS	S ACCURATE TO	THE	REST OF MY KNOV	// EDGE	AND THAT I AM			
I CERTIFY THAT THE ABOVE INFORMATION IS ACCURATE TO THE BEST OF MY KNOWLEDGE AND THAT I AM AUTHORIZED TO SUBMIT THIS APPLICATION ON BEHALF OF THE BOND ISSUER.										
SIGNATURE OF ISSUER'S REPRESENTATIVE DATE										
Submit to:	County Adminis	trator's Office								
	Attn: Recovery									
	675 Texas St., S									
	Fairfield, CA 94	535 Dsolanocounty.com								
	Phone: (707) 78									
	Fax: (707) 784-									
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