



# 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		PO BOX	CITY		STATE ZIP CODE
TELEPHONE	FAX NUMBER		E-MAIL ADDRESS		
DESCRIPTION OF RECOVERY ZONE AREA			COUNTY		
LOCAL GOVERNMENT JURSDICTION					
CHIEF ADMINISTRATIVE OFFICER			TITLE		
HAS SAID OFFICER APPROVED THE PROPOSED FINANCING? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOT REQUIRED			HAS A PUBLIC HEARING BEEN HELD CONCERNING THE PROPOSED FINANCING? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> TO BE HELD <input type="checkbox"/> NOT REQUIRED		
BOND COUNSEL FOR ISSUER		FIRM NAME			
STREET ADDRESS		PO BOX	CITY		STATE ZIP CODE
TELEPHONE	FAX NUMBER		E-MAIL ADDRESS		

## Description of Project or Financing

TYPE OF BONDS (CHECK ONE THEN COMPLETE SUBSECTION)			
<input type="checkbox"/> Economic Development Bonds		<input type="checkbox"/> Facility Bonds	
Qualified Economic Development Purpose: <input type="checkbox"/> Capital expenditures for property in the zone <input type="checkbox"/> Public infrastructure <input type="checkbox"/> Public facilities <input type="checkbox"/> Job training and educational programs <input type="checkbox"/> Other _____	To be issued as: <input type="checkbox"/> General obligation bonds <input type="checkbox"/> Utility revenue bonds <input type="checkbox"/> Leasehold revenue bonds <input type="checkbox"/> Certificates of participation <input type="checkbox"/> Special obligation bonds <input type="checkbox"/> Other _____	Qualified Economic Development Purpose: <input type="checkbox"/> Capital expenditures for property in the zone <input type="checkbox"/> Public infrastructure <input type="checkbox"/> Public facilities <input type="checkbox"/> Job training and educational programs <input type="checkbox"/> Other _____	To be issued as: <input type="checkbox"/> General obligation bonds <input type="checkbox"/> Utility revenue bonds <input type="checkbox"/> Leasehold revenue bonds <input type="checkbox"/> Certificates of participation <input type="checkbox"/> Special obligation bonds <input type="checkbox"/> Other _____
LIST THE PRINCIPAL BENEFICIARY(S) OF THE PROJECT TO BE FINANCED WITH THE PROCEEDS OF BONDS (Include parent company and d/b/a where applicable)			
NAME and LOCATION OF PROJECT (PROJECT NAME, STREET, P.O. BOX, CITY, STATE, ZIP CODE)			
AMOUNT OF ALLOCATION REQUESTED (Least amount necessary)			
DATE INDUCEMENT RESOLUTION OR OTHER COMMITMENT TO ISSUE WAS ADOPTED			
DESCRIBE THE BUSINESS ACTIVITY AT THE FACILITY, IF APPLICABLE			
DESCRIBE THE PROJECT WITH SPECIFIC DETAILS			

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
- HISTORIC – ON NATIONAL REGISTER  YES  NO
- OTHER \_\_\_\_\_

IS THIS PROJECT PART OF AN APPROVED COMMUNITY PLAN?  YES  NO

IF YES, WHICH PLAN

APPROVAL DATE

**Investment**

	TOTAL INVESTMENT	PRIVATE INVESTMENT	LEVERAGED PUBLIC INVESTMENT	
			SOURCE	AMOUNT
LAND & SITE PREPARATION				
BUILDING				
EQUIPMENT				
OTHER				
<b>TOTAL INVESTMENT</b>				

**Jobs & Wages**

	WITHIN 1 YEAR	CUMULATIVE OVER 5 YEARS	AVERAGE WAGE OF NEW JOBS
Estimate the number of permanent new jobs for this project:			
Provide the number of retained jobs for this project:		NUMBER OF RETAINED JOBS	AVERAGE WAGE OF RETAINED JOBS
Provide the number of relevant construction jobs for this project:		NUMBER OF CONSTRUCTION JOBS	

**Closing Information**

ANTICIPATED DATE OF CLOSING (NEEDS TO BE AS ACCURATE AS POSSIBLE)

DESCRIBE ACTIVITIES THAT HAVE OCCURRED TO SUPPORT BOND CLOSING ON THE ABOVE DATE

**Attestation**

*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 Administrator's Office  
 Attn: Recovery Zone Bonds  
 675 Texas St., Suite 6500  
 Fairfield, CA 94535  
 Email: [spierce@solanocounty.com](mailto:spierce@solanocounty.com)  
 Phone: (707) 784-6122  
 Fax: (707) 784-7975