

**APPLICATION FOR RECOVERY ZONE
FACILITY BOND REALLOCATION**



FACILITY BONDS

FOR COMMERCE USE ONLY

Bond Issuer

Name: _____
Address: _____
City: _____
Zip Code: _____
County: _____
Telephone: _____
E-mail: _____

Date Received:

Application No.

Bond Issuer's Spokesperson

Name: _____
Title: _____
Address: _____
City: _____
Zip Code: _____
Telephone: _____
E-mail: _____

Bond Counsel

Firm: _____
Attorney: _____
Address: _____
City: _____
Zip Code: _____
Telephone: _____
E-mail: _____

Facility Bonds

Qualified Economic Development Purpose:

- ☐ Capital expenditures for property in the zone
☐ Other

To be issued as:

- ☐ Industrial Revenue Bonds
☐ Industrial Development Bonds
☐ Other

Target Industry:

- ☐ Professional services
☐ Logistics/Distribution
☐ Energy/Alternative energy
☐ Bioscience
☐ Advanced manufacturing/Aerospace
☐ Rural/Ag Processing/manufacturing
☐ Other

1.) Amount of allocation requested (Minimum necessary) \$

2.) Name and location of project (Project Name, Street, P.O. Box, City, State, Zip, Code)

3.) Population of community in issuing jurisdiction	
4.) List the principal beneficiary of the project to be financed with the proceeds of bonds (include parent company and d/b/a where applicable)	
5.) Resolution number and date this area was declared a recovery zone or date the governing body is expected to consider this area a recovery zone	
6.) Date inducement resolution or other commitment to issue was adopted	
7.) If the county is issuing within a city, has the city confirmed they are in support of this project? Yes <input type="checkbox"/> No <input type="checkbox"/>	
8.) Describe the business activity at the facility with specific details	
9.) Describe why the location is an area of economic distress	
10.) Provide any compelling information that should be considered when evaluating this request	
11.) Is the project facility (check all that apply) <input type="checkbox"/> New Construction <input type="checkbox"/> Renovation <input type="checkbox"/> Expansion	

INVESTMENT				
			LEVERAGED PUBLIC INVESTMENT	
	TOTAL INVESTMENT	PRIVATE INVESTMENT	SOURCE	AMOUNT
LAND & SITE PREPARATION	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>
BUILDING	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>
EQUIPMENT	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>
OTHER	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>
TOTAL INVESTMENT	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>

JOBS & WAGES			
Provide the number of retained jobs for this project: <input type="text"/>		NUMBER OF RETAINED JOBS <input type="text"/>	AVERAGE WAGE OF RETAINED JOBS <input type="text"/>
Estimate the number of permanent new jobs for this project: <input type="text"/>	WITHIN 1 YEAR <input type="text"/>	CUMULATIVE OVER 5 YEARS <input type="text"/>	AVERAGE WAGE OR RETAINED JOBS <input type="text"/>
Provide the number of relevant construction jobs for this project: <input type="text"/>		NUMBER OF CONSTRUCTION JOBS <input type="text"/>	

CLOSING INFORMATION	
Anticipated date of closing (needs to be as accurate as possible) <input type="text"/>	
Describe activities that have occurred to support bond closing on the above date <input type="text"/>	

ATTESTATION	
<i>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</i>	
SIGNATURE OF ISSUER'S REPRESENTATIVE <input type="text"/>	DATE <input type="text"/>
Submit to:	Ed Serrano Kansas Department of Commerce 1000 S.W. Jackson Street, Suite 100 Topeka, KS 66612-1354 Phone: (785) 368-7293