REQUEST FOR

**DETERMINATION OF ELIGIBILITY AND ALLOCATION**

**OF THE**

**WASHINGTON STATE PRIVATE ACTIVITY BOND CEILING**

**SMALL ISSUE (AGGIE BONDS)**

This **Allocation Request** form, with appropriate fee enclosed, may be filed by mailing or delivering to:

 Liz Green-Taylor

 Bond Cap Allocation Program

 Washington State Department of Commerce

 1011 Plum Street SE

 P.O. Box 42525

 Olympia, Washington 98504-2525

 FAX: (360) 664-3123

If you have questions, call 360-725-5036 or email Liz Green-Taylor at Elizabeth.green-taylor@commerce.wa.gov. .

**\*\**This application serves as an outline of the necessary items to understand the basic parameters of a project. The Department of Commerce reserves the right to ask for additional information or clarification of the details of a project, prior to approval of a bond cap allocation.***

The following request for allocation of the state private activity bond ceiling is made by an Issuer eligible to issue bonds under the small issue bond use category with respect to requirements of the Federal Tax Reform Act of 1986 and Chapter 39.86 RCW.

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| **Note:** The filing date for this request is based on the date by which a completed Request for Allocation form is received by the Department of Commerce. If relevant information is absent or the appropriate fee is not enclosed, the form will be considered incomplete. |

**REQUEST FOR ALLOCATION**

## OF THE WASHINGTON STATE PRIVATE ACTIVITY BOND CEILING

**ISSUING AUTHORITY**

Name:

Address:

Issuing Authority Officer:

Title:

Phone:

**BOND COUNSEL FIRM**

Firm Name:

Address:

Individual Responsible Attorney:

Phone:

**PRIVATE BENEFICIARY OR PROPOSED PROGRAM FOR FINANCING**

Briefly describe how the bonds will be used.

**AMOUNT OF ALLOCATION BEING REQUESTED** $

To the best of my knowledge, the foregoing information and the attachments hereto are true and correct.

 Issuing Authority Officer Signature) Date

**PROJECT DESCRIPTION:**

1. Please provide a description of the program.

1. Approximately how many farmer loans will be awarded under this allocation?

1. What public benefits or public purpose would be accomplished by this program?

**ANALYSIS OF REQUEST:**

1. Identify the expected financing sources for the program:

 Source Amount

Private Activity Bonds $

 $

 $

**FINANCING SCHEDULE:**

1. Provide a financing and program delivery schedule for this allocation including key target dates. Add items as required.

 Item Estimated Completion Date

Adoption of bond resolution

1. What circumstances exist that could delay or prevent private activity bond issuance for this program by the date indicated on the attached Financing Schedule?

1. If the Issuer does not receive an allocation from the State Ceiling, what is the likelihood of this project being done?

1. Please check if appropriate:

 In the event that the Department is unable to grant a Certificate of Allocation for the full amount requested, Applicant requests the Department to grant a partial allocation in the amount of $     .

 Applicant requests the Department to treat as a separate application the difference between the allocation requested and the partial application granted.

#  REQUIRED ATTACHMENTS CHECKLIST:

# Applications will not be processed or awarded an allocation until all required attachments are submitted.

 Resolution by the Issuer's legislative body to issue private activity Bonds for this program

 Program policy guide

Application fee equal to .000277 multiplied by the amount being requested or $500, whichever is greater. **(Please make checks payable to “Department of Commerce.”)**

If any attachment is not included, indicate: (a) the reason the item is not available and (b) any other information which demonstrates reasonable certainty that private activity bonds will be issued by the date specified in the above Financing Schedule.

***This form has been completed by:***

Name:

Title:

Address:

Phone:

Email:

Signature:

Date: