



Making a Difference for Maine's communities.

FINANCIAL APPLICATION INSTRUCTIONS

School Revolving Renovation Program Borrowers

Long Term Bonds for financing:



School Renovation Projects

Toni Reed, *Program Officer* • email: tir@mmbb.com

127 Community Drive • P.O. Box 2268 • Augusta, Maine • 04338-2268 • www.mmbb.com
1-800-821-1113 • (207) 622-9386 • Fax (207) 623-5359

GENERAL INSTRUCTIONS

These instructions have been designed to help you complete the School Revolving Renovation Program Financial Application. Please carefully read the instructions before completing the Financial Application. Keep a copy and mail the original Application, along with the required documentation, to: SRRF Program Officer at the Maine Municipal Bond Bank, 3 University Drive, P.O. Box 2268, Augusta, Maine 04338-2268.

Department of Education (DOE): DOE is the School Revolving Renovation Program project administrator; the Bond Bank is the financial administrator. A school administrative unit must first apply to the DOE to determine project eligibility and priority ranking. Once DOE issues the eligibility certificate, the borrower can submit their School Revolving Renovation Program Financial Application to the Bond Bank. The Bond Bank will review the financial application to determine if the borrower has the ability to repay the

Notification to the Bond Bank: The Department of Education develops a list of priority projects, approved for funding and notifies the Bond Bank of the approval. Each approved school administrative unit, and the Bond Bank, shall receive an eligibility certificate, which includes the following information:

- 1) name of school administrative unit that is eligible;
- 2) amount of the loan;
- 3) amount and percentage to be forgiven; and
- 4) length of the loan.

For school district applicants, both district and municipal financial information are required. Each municipality being served by the school district must provide financial information requested on Pages 4, 5, 6, 7 and 8 of the Financial Application to the district. The District will forward each municipality's financial information to the Bond Bank along with the completed Application.

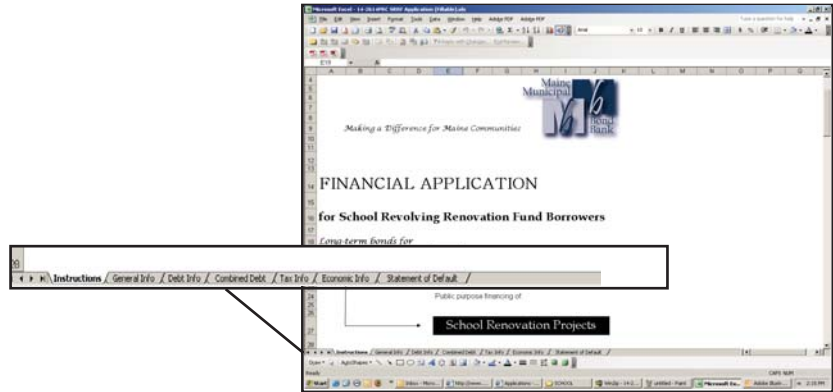
Once the application is completed, keep a copy and mail the original Application, along with the required documentation, to SRRF Program Officer, Maine Municipal Bond Bank, 3 University Drive, P.O. Box 2268, Augusta, ME 04338-2268.

APPLICATION INSTRUCTIONS

Downloadable Forms - When completing the Financial Application for School Revolving Renovation Program Borrowers, please use black pen or a typewriter. To obtain the most current version of the Financial Application and Instructions, please visit our web site - www.mmbb.com. The Application and Instructions can be downloaded to your PC by using the Adobe Acrobat Reader.

Fillable Forms - The fillable application is set up in Microsoft Excel as a workbook with several tabs. Each section of the application has been titled and set up on seven separate worksheets.

At the bottom of the workbook screen there are seven tabs each with the section title on it. **Several of these worksheets contain more than one page, please make sure that you have completed the entire worksheet before moving onto the next section.**



All yellow areas of this application must be completed in order to correctly process the application. If an area must be filled out that is not shaded in yellow the instruction will prompt the applicant to do so.

This application has been protected with a password so that the layout of the application cannot be changed. The password protection has also been set up to protect the equations set up in several of the worksheets in this application.

If you need assistance completing the application, please call the School Revolving Renovation Program Officer at 1-800-821-1113 or 207-622-9386.

GENERAL INFORMATION - TAB 2

| | | |
|---------------------------------|------------------------------|-------------------------------|
| Name of Applicant: _____ | | |
| Mailing Address: _____ (A) | | |
| Physical Address: _____ | | |
| | Chief Administrative Officer | Contact Person(if different) |
| Name | | |
| Title | | |
| Telephone | (B) | (C) |
| Fax | | |
| Email | | |
| Mailing Address | | |
| Purpose of Borrowing: _____ (D) | | |

Please provide the municipality's name and address (A) along with the Chief Administrative Officer's name and contact information (B). Please provide the name, title and contact information of the person most knowledgeable about the proposed project detailed in this application (C). This person may be contacted by the Bond Bank if there are any questions regarding this application.

Below the applicant contact information, please describe the overall project that will be paid for with the School Revolving Renovation Program loan proceeds (D). Please include improvements that will be paid for with the School Revolving Renovation Program loan proceeds along with improvements that will be paid for with other funds. Please be as specific as possible when describing the proposed improvements. An attached project budget is recommended.

FUNDING & PROJECT COST - TAB 2

Please indicate the total amount of the project to be paid for with the School Revolving Renovation Program loan proceeds requested in this application. Then indicate what sources the remaining cost of the project will come from, which includes: Federal Grants or Loans, State Grants or Loans, Other Sources or the Applicant's contribution. The total source of funds (E) should equal the total project costs. (F)

| Source of Funds | | Project Cost Breakdown | |
|--|-------------|----------------------------|-------------|
| Amount Requested from Bond Bank(this application) | \$ | Land | \$ |
| Federal grant or loan- specify | \$ | Design | \$ |
| State grant or loan- specify | \$ E | Contractors | \$ F |
| Applicant's share | \$ | Legal | \$ |
| Other-Specify | \$ | Contingency | \$ |
| Other-Specify | \$ | Other-Specify | \$ |
| Total Source of Funds | \$ - | Total Project Costs | \$ - |

Please breakdown all costs associated with projects, as applicable, to the following categories: Land, Design, Contractors, Legal, Contingency and Other costs. Please contact architects, engineers, contractors and bond counsel for estimates of these costs (F).

BOND COUNSEL & AUTHORIZATION- TAB 2

Provide the attorney's name, firm's name, address, telephone and fax number of the local bond counsel that you have hired to provide a legal opinion (G) . An applicant will need to hire local bond counsel with expert knowledge of bond procedures and related state and federal regulations. An applicant will work closely with their bond counsel when determining the necessary approval to incur debt under the School Revolving Renovation Program. For a list of approved Bond Counsel, please visit the Bond Bank's website at www.mmbb.com.

The Form of Authorization (H) depends on the structure of the governmental entity requesting a School Revolving Renovation Program loan. The applicant may begin the approval process before submitting the application to the Bond Bank. However, local authorization must be in place before the loan closes.

A current listing of approved Bond Counsel can be found on our website at www.mmbb.com.

Bond Counsel: _____ **G**

Telephone: _____ Fax: _____

Mailing Address: _____

Form of Authorization: Referendum Council **H** Town Meeting Other _____

DOE Approval Date: _____ **I**

Project Bid Date: _____ Expected Completion Date: _____

Please note your preference for the first repayment date: **J** _____

Department of Education Approval Date, Project Bid Date, and Expected Completion(I)- Indicate the date on the DOE's eligibility certificate. State the date the project was awarded to the winning bidder. If the award has not been made, please indicate the expected award date. Indicate the anticipated date this project will be complete. If the project is being done in phases, identify the anticipated completion date of the final phase.

First Repayment Date(J)- Please state the month and year you want the first payment to be due. The first payment must be made within 1 year after project completion.

TAX INFORMATION - TAB 5

Tax Rate and Collections (Y) - Beginning with the most recent fiscal year and 4 previous fiscal years, provide information regarding the municipality's tax rate, taxes billed, dollar and percentage of taxes collected by fiscal year end, as well as dollar and percentage of taxes collected in the second year.

| TAX INFORMATION | | | | | | |
|---|--|--------------------|---------------------------------|---------------|---------------------------------|---------------|
| Tax Rate and Tax Collections (SAD's to complete for each City/Town in the District) | | | | | | |
| Fiscal Year | Tax Rate (Per \$1,000 of Assessed Value) | Total Taxes Billed | Collected by End of Fiscal Year | | Collected by End of Second Year | |
| | | | Dollar Amount | % of Tax Levy | Dollar Amount | % of Tax Levy |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Property Valuations (SAD's to complete for each City/Town in the District)

| Year Ending (Most Recent Year) | Local Assessed Value (Real Estate & Personal Property) | State Assessed Value |
|--------------------------------|--|----------------------|
| | | |

Date of Last Re-evaluation: / /

Composition of Tax Base: Please provide current local year estimates for the following

% Commercial and Industrial % Residential

Tax Due Dates: / /

Penalties and/or interest charged on overdue taxes:

Basis of Accounting (check one) Cash Modified Accrual Full Accrual

Property Valuations (Z)- Identify the local assessed value by adding together real estate and personal property valuations. If the applicant does not know the State Assessed Value, the Bond Bank can obtain this information, on the applicant's behalf. Please include the year of the municipality's most recent valuation assessment.

Date of Last Re-evaluation, Composition of Tax Base, Tax Due Dates, and Basis of Accounting - Please complete with current information.

ECONOMIC INFORMATION - TAB 6

Please provide information regarding the 5 largest employers and 10 largest taxpayers of the municipality. In the column entitled, "% of Total Assessed Value", please calculate the percentage rate of the taxpayer's assessed value in relation to the Town's or City's assessed value (page 7, tab 5 (z)). Please indicate any expected changes in any of the taxpayer's or any of the employer's operations or financial condition.

Ten Largest Taxpayers of Municipality (SAD's will need to complete for each City/Town)

| Taxpayer | Type of Business | Current Year | % of Total Assessed Value |
|----------|------------------|--------------|---------------------------|
| | | | |
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Are you anticipating any changes in the largest taxpayer? Yes No
If So Why?

Five Largest Employers in your Community (SAD's to complete for each City/Town)

| Employer | Type of Business | # of Employees |
|----------|------------------|----------------|
| | | |
| | | |
| | | |
| | | |
| | | |

Are any of these employers expected to make major changes in workforce or operations? Yes No
If So Why?

ECONOMIC INFORMATION- TAB 6

Check off any factors that have occurred since the date of the most recent audited financial statements that would significantly affect your revenue, expenditures or overall financial conditions (1).

Yes No Are there any other factors that have occurred since the date of the last annual report or financial statements that would significantly affect your revenue, expenditures or overall financial condition?
If yes please list:

1 Yes No There is pending litigation in excess of \$10,000,000. If yes, we will need a statement from your local legal counsel about any such lawsuit.

Yes No There is in place in your community or pending before the governing body, a limitation on the ability of governmental unit to raise, through taxes or rates, or expend from revenues, funds necessary to pay the costs incurred if you issue the debt called for in this application. If yes, please provide a copy of the ordinance or proposed governmental unit action, explaining the possible limitation.

Yes No Other please explain

2 Yes No Are there any limitations (i.e. local ordinance, statutory, or regulation) governing the amount of bonded or general obligation debt that you may incur?
If yes please explain:

If there is pending litigation in excess of \$10,000.00 dollars, the applicant should obtain a detailed explanation from their attorneys (or provide one themselves) (1).

If there are limitations (i.e. local ordinance, statutory, or regulation) governing the amount of debt or revenues the applicant can incur, check "yes" and provide a detailed explanation (2).

STATEMENT OF DEFAULT - TAB 7

Please go through the application checklist to make sure that all of the documentation needed to process the application has been included. (3).

| STATEMENT OF DEFAULT | |
|---|---|
| We hereby certify that (<i>applicant's name</i>) [REDACTED] 4 has not defaulted on any payment of matured Principal and/or Interest. If default has occurred, please provide details on a separate page. | |
| The applicant must enclose the following documentation with the completed application. <i>Please indicate whether it is enclosed or not applicable.</i> | |
| Enclosed | N/A 3 |
| <input type="checkbox"/> | <input type="checkbox"/> One copy of each of the last three annual Audited Financial Statements. If there is no operational history, please submit an analysis demonstrating financial feasibility. |
| <input type="checkbox"/> | <input type="checkbox"/> If the latest Audited Financial Statement is more than 12 months old, please submit the most recent unaudited financial statement (<i>e.g. trial balance, balance sheets, statement of revenue and expenditures</i>) |
| <input type="checkbox"/> | <input type="checkbox"/> One copy of the latest Budget. |
| <input type="checkbox"/> | <input type="checkbox"/> Two copies of the last annual report. School Districts should include an annual report for each underlying municipality. |
| <input type="checkbox"/> | <input type="checkbox"/> Financial Information on pages 5, 6, 7 and 8 of the Financial Application for each municipality being served by a school district. |
| <input type="checkbox"/> | <input type="checkbox"/> Copy of eligibility certificate issued by the Department of Education. |
| Any material facts that amplify the financial effect on the community, not requested in this application, should be noted here: [REDACTED] | |
| The facts and representations in this application form are from the official records of this unit and are correct in all material aspects to the best of our knowledge. | |
| Chief Administrative Officer: | [REDACTED] [REDACTED] <i>(name)</i> <i>(title)</i> |
| Signature: | _____ 4 |
| Treasurer: | _____ |
| Date: | _____ |

By signing this statement of default, the applicant certifies that they are not in default on any outstanding loan. If a default has occurred, the applicant will need to provide a detailed explanation of the circumstances including the lender name, amount past due and reason for defaulting on the loan (4).

MISCELLANEOUS

The applicant is encouraged to provide additional pages to the application identifying any financial or economic facts, not requested in this application, which will assist the Bond Bank in their evaluation of the application.

Completed financial applications will be reviewed at the next meeting of the Bond Bank's Board of Commissioners, which typically occurs each month. If approved the Bond Bank will issue a Letter of Commitment to the applicant. The approval is valid for one year from the date appearing on the approval letter.