



**APPLICATION FOR ALLOCATION OF
RECOVERY ZONE FACILITY BONDING AUTHORITY**

NAME OF ISSUER: _____

NAME OF PROJECT: _____

LOCATION OF PROJECT: _____

AMOUNT OF ISSUANCE AUTHORITY REQUESTED: \$ _____

ANTICIPATED BOND ISSUANCE DATE: _____

DESCRIPTION OF PROJECT:

THIS COMPLETED APPLICATION FORM MUST BE ACCOMPANIED BY:

1. A nonrefundable application fee payable from the issuer to Ramsey County of \$20 for each \$100,000 amount of issuance authority requested with the request rounded to the nearest \$100,000, or \$500, which is greater;
2. A resolution adopted by the governing body establishing a Recovery Zone, or a statement from the issuer that the project will be located in an Empowerment Zone or Renewal Community area;
3. A map showing the location of the Recovery Zone, Empowerment Zone, or Renewal Community area;
4. A statement of the criteria used for establishment of the Recovery Zone (if applicable);
5. A statement from the issuer's bond counsel that the local government is qualified to issue bonds under Federal Tax Law and the proposed issue of obligations qualifies under the American Recovery and Reinvestment Act as a Recovery Zone Facility Bond; and
6. A project scoring worksheet.

The following official of the issuer is designated for contact by

NAME: _____

TITLE: _____

ISSUER: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

EMAIL: _____

PHONE NQ0 (____) _____

THE UNDERSIGNED CERTIFY THE ACCURACY OF THE ABOVE INFORMATION SUBMITTED WITH THIS APPLICATION:

Mayor or Chief Administrator of Local issuer

Date

Attorney for Local Issuer or Bond Counsel

Date

Send one original copy to:
Ramsey County Manager's Office
Attn: Recovery Zone Facility Bond Applications
15 Kellogg Blvd W, Room 250
St Paul, MN 55102