SBC023 Rev 07-21-2020



LOUISIANA STATE BOND COMMISSION APPLICATION - LCDA OVERGROWN LOT PROGRAM

Instructions: Complete all required fields, which are indicated by *. If space is inadequate to complete response, use Continuation Sheet (pg 5), enter item number and remainder of response. The PRINT button can be found on page 4. To retain an electronic version of the application form, use "Save As" option under File menu on Internet browser toolbar. Once the form is saved, it can only be modified with Adobe Writer. If problems are encountered using form, call (225) 342-0040.

1. Government Unit *						
Mailing Address *				Phone Number *		
Contact Name *			Email Addr	ess *		
2. Attorney / Official Name *						
Attorney Firm / Official's Title *				Phone Number *		
Email Address *						
3. Requested SBC Meeting Date *						
4. Purposes for which Loan Proceed	Is will be Utilized *					
5. Citation(s)*						
6. Requested Debt Parameters						
Issuance Amount * (Not exceed	ling) Maturi	ty * (Not exceedir	ng)	Interest Rate *	(Not exceeding)	%
7. Security for Loan						
8. Expected Closing on Loan *						
9. Financial Status *						
End Date of Prior Fiscal Year *						
Audit for Prior Fiscal Year comp Yes and available on Legisla Yes but not available on Leg	tive Auditor's website gislative Auditor's website					
† Must submit copy of Audited	/ Unaudited Financial Sta	atements (coveri	ng all funds) f	or prior fiscal year.		
More than 3 months since end dat	•		○ Yes	If Yes , submit		
(1) Interim Income Statement In Fund(s) providing revenues(2) Interim Balance Sheet for compared to the statement of the stat	to pay proposed debt se	rvice.			·	

providing revenues to pay proposed debt service.

Date Submitted *

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Debt Instrument *	Principal Outstanding *		Specific Fund Payable From *		Yes No If Yes , identif	
Debt instrainent	гинсіраі	Outstanding	Specific	Tulia Fayable From	Amount Budgeted	
11. Lawfully Available Funds		T		I		
Specific Fund Legally Available for Proposed	d Debt *	Amount Ado Budget	•	Amount of Availal Excess Revenue		
Requirements for All Applications at initial su 1. Certified Resolution(s) of Municipal/Parish G	overning A e * on(s) atch langu * M	Authority must Maturity * SBC Swap Pol Lage of Govern aturity * P	icy Langu ing Autho urpose	ority resolution and m	ust include: Il Citation(s)	
	on or befo d in LAC Ti rincipal an Same Rev	tle 71), made p d interest as se enue Source	e not bef ayable to parate co Pro		Commission. num Parameters	
<u>Application Submission</u> Upon completion of all required fields, select P	RINT FORM	M button to pri	nt copies	for your records.		
The entire application package (application for SBC office by specified deadline, which can be						ceived at
State Bond Commission 3rd P.O. Box 44154 900	.) must be d be includ lly transmi business be mailed ht via Oth Floor - Sta D North 3rd	included as se ded as one of th itted after elect days of electro I to: er Delivery Se ate Capitol	parate att he attach ronic sub nic subm	tachments in pdf, Wor ments. omission, are certified i	d or Excel format. A so	canned cop
Upon receipt of each application submission, the acknowledge receipt of the application, identified have been met. If confirmation email is not receipt of electronic submission.	y SBC trac	king number, p	orovide as	ssigned analyst and co	onfirm if minimum req	uirements

Submitted by: *

LOUISIANA STATE BOND COMMISSION APPLICATION - LCDA OVERGROWN LOT PROGRAM Continuation Sheet

