



# PRIVATE ACTIVITY BOND AUTHORITY

Utah Governor's Office of Economic Development  
MANUFACTURING FACILITY APPLICATION

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Project Name: \_\_\_\_\_

Location of Project: \_\_\_\_\_

Issuer (Applicant): \_\_\_\_\_

Project Sponsor: \_\_\_\_\_

I, hereby do, certify that the information contained in the attached application is true and accurate to the best of my knowledge.

\_\_\_\_\_  
Signature of Applicant's Senior Official

\_\_\_\_\_  
Signature of Project Sponsor Officer

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

Private Activity Bond Authority  
60 East South Temple, 3<sup>rd</sup> Floor  
Salt Lake City, UT 84111



# PRIVATE ACTIVITY BOND AUTHORITY

Utah Governor's Office of Economic Development

## MANUFACTURING FACILITY APPLICATION

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The purpose of this application is to provide information to the Utah Private Activity Bond Authority Review Board (PAB) to aid in the allocation of volume cap to manufacturing facilities in the State of Utah.

In recognition of the intense competition for this important and scarce resource available under the State ceiling, applicants are required to provide full explanations of the need for tax-exempt bond financing for the project and the public benefits of the project. The applicant should be aware that there is a limited amount of Volume Cap and there is the possibility of insufficient funds to accommodate all applicants. Therefore, careful comparison of individual requests is necessary to promote the highest and best use of the Volume Cap. To facilitate careful comparison and evaluation of each submission, **please complete the application in its entirety and include all required exhibits**. Among the criteria used in the evaluation are:

- a. Public benefit to the community and state, including: new employment, wages and distribution of wages and programs promoting employee education and skill.
- b. Community support and sponsorship.
- c. Efficiency as measured by employee/bond ratio.
- d. Demonstrated need for tax-exempt financing.
- e. Innovative financing (i.e. use of other sources of funding).
- f. Construction and equipment costs.
- g. Location of facility: rural areas of the state, areas with high unemployment rates, disadvantaged economic areas, etc.
- h. Financial capacity of applicant.

The applicant is required to submit two (2) paper copies and one (1) electronic copy on a CD of the completed application along with any attachments and exhibits on or before the deadlines listed on the web site. **The application fee (made payable to the Private Activity Bond Authority) is due at the time of submission.** Incomplete applications, including omitted fees, are subject to disqualification. For a schedule of fees, application deadlines and meetings of the PAB Board, please refer to the web site at: [www.goed.utah.gov/relocate/PAB](http://www.goed.utah.gov/relocate/PAB).

Send application and fee to:

Roxanne C. Graham, Program Manager  
Private Activity Bond Authority  
60 East South Temple, 3<sup>rd</sup> Floor  
Salt Lake City, UT 84111

For questions regarding the application process or the Private Activity Bond Authority Program, please contact Roxanne by phone or e-mail: (801) 538-8699; [roxanneg@utah.gov](mailto:roxanneg@utah.gov)

**Private Activity Bond Review Board  
Manufacturing Application**

**Part 1 – Financing Team Information**

**1. Applicant Name (Tax-Exempt Entity – City or County)**

Name of Issuing Agency:

Name of Senior Official:

Title of Senior Official:

Mailing address:

City:

Telephone:

State:

FAX:

Zip Code:

E-Mail:

Issuer's Federal Identification No:

**2. Public Jurisdiction** (proposed project location, if different from applicant location)

Name of Jurisdiction:

Name of Contact Person:

Title of Contact Person:

Mailing Address:

City:

Telephone:

State:

FAX:

Zip Code:

E-Mail:

**3. Name of Project Sponsor (Borrower Entity, e.g. ABC Company)**

Name of Staff Person:

Title of Staff Person:

Name of Company:

Mailing Address:

City:

Telephone:

State:

FAX:

Zip Code:

E-Mail:

**4. Bond Counsel**

Name of Firm:

Name of Attorney:

Mailing Address of Firm:

City:

Telephone:

State:

FAX:

Zip Code:

E-Mail:

**5. Financial Consultant**

Name of Firm:

Name of Contact:

Mailing Address of Firm:

City:

Telephone:

State:

FAX:

Zip Code:

E-Mail:

**6. Bond Underwriter**

Name of Firm:  
Name of Contact:  
Mailing Address of Firm:  
City: Telephone:  
State: FAX:  
Zip Code: E-Mail:

**7. Private Placement Agency (If Applicable)**

Name of Firm:  
Name of Contact:  
Mailing Address of Firm:  
City: Telephone:  
State: FAX:  
Zip Code: E-Mail:

**8. Private Placement Bond Purchaser (If Applicable)**

Name of Firm:  
Name of Contact:  
Mailing Address of Firm:  
City: Telephone:  
State: FAX:  
Zip Code: E-Mail:

**9. Credit Enhancement Provider**

Name of Firm:  
Name of Contact:  
Mailing Address of Firm:  
City: Telephone:  
State: FAX:  
Zip Code: E-Mail:

**10. Trustee**

Name of Firm:  
Name of Contact:  
Mailing Address of Firm:  
City: Telephone:  
State: FAX:  
Zip Code: E-Mail:

**11. Other Participants**

Name of Firm:  
Name of Contact:  
Mailing Address of Firm:  
City: Telephone:  
State: FAX:  
Zip Code: E-Mail:

## Part 2 – Executive Summary

Please provide a short executive summary, as an exhibit, describing the company, its product(s), annual sales and the role of the proposed project. You may include any company literature or brochures in the exhibit.

(Attach as Exhibit “A” – Executive Summary.)

## Part 3 – Allocation/Bond Issue Information

1. Amount of Allocation requested: \$ \_\_\_\_\_
2. Date of Inducement: \_\_\_\_\_  
(Attach as Exhibit “B” – Copy of the Adopted Resolution.)
3. Date of TEFRA Hearing: \_\_\_\_\_  
(Attach as Exhibit “C” – Copy of TEFRA Resolution or Certification from Applicant as to the date, time, location, and likely outcome of the public hearing and the approval of the issuance of bonds.)
4. Proposed date of bond issuance and proposed terms: Closing Date: \_\_\_\_\_  
(Attach as Exhibit “D” – Copy of Issuance Terms.)
5. Indicate whether the bonds will be fixed or variable rate: (please check)  
 Fixed    Variable  
  
 What is the anticipated rate? \_\_\_\_\_
6. Indicate if bonds will be sold in a public offering or private placement: (please check)  
 Public Offering    Private Placement
7. Will the bond issuance be used to refund an outstanding issue: (please check)  
 Yes    No
8. Briefly describe the credit enhancement structure or private placement transaction. Include at a minimum: 1) the construction or interim financing, if applicable; 2) the total amount; 3) closing deadline; 4) security/collateral provided; 5) guaranties; and 6) anticipated closing date. (Attach as Exhibit “E” – Credit Financing Description.)  
(Attach as Exhibit “F” – Copy of the Commitment Letter and/or additional information.)
9. Anticipated bond rating: \_\_\_\_\_

	Rating	Date Rating Anticipated
Fitch		
Moody’s		
Standard & Poor’s		
Other		

10. Indicate the **need** for tax-exempt bonds:  
(Attach as Exhibit "G" – Need for Tax-Exempt Bond Request.)
11. Indicate alternative financing in the event the tax-exempt bond request is denied or reduced:  
(Attach as Exhibit "H" – Alternative Financing Terms.)
12. List all sources of financing for the project at completion:

	<b>Amount</b>	<b>% of Total</b>
Tax-Exempt Bonds		
Taxable Bonds		
Equity Contribution		
City/County Grant or Other Financial Assistance		
Other (Deferral of Fees, etc.) <b>Please be specific.</b>		
<b>Totals</b>	<b>\$</b>	<b>100%</b>

### Part 4 – Project Sponsor Information

Please answer the following questions for both the **project sponsor (borrower)** and the **user of the facility** if different.

1. Contact Information:

**Project Sponsor:**

Official Business Name:

Contact Person:

Address/City/St/Zip:

Telephone Number:

FAX:

E-mail:

**User:**

Official Business Name:

Contact Person:

Address/City/St/Zip:

Telephone Number:

FAX:

E-mail:

2. Any "doing business as" names:

**Project Sponsor:** \_\_\_\_\_ or  Not Applicable

**User:** \_\_\_\_\_ or  Not Applicable

3. Address of project sponsor's headquarters, if different from address in "1" above:

Address:  
City/St/Zip:

4. Other operating locations in Utah: \_\_\_\_\_ or  Not Applicable

5. The legal structure of the project sponsor:

Corporation       Partnership       Sole Proprietorship       LLC

Other – Please Specify: \_\_\_\_\_

**Complete the appropriate section(s) below:**

**Corporation:**

a. Officers of corporation (name and title):

b. Major shareholders (10% or more):

c. Date and place of incorporation:

d. For publicly held corporations, please name the stock exchange on which the company is listed: \_\_\_\_\_

If traded over the counter or NASDAQ, please indicate: \_\_\_\_\_

**Partnership:**

a. Names and addresses of general and limited partners, and share of ownership.

b. Date and name of partnership.

**Sole Proprietorship:**

a. Name and address of proprietor.

b. Date and place of establishment.

**All Corporations, Partnerships and Sole Proprietorships Must Complete:**

6. Federal Tax identification number for:  
**Project Sponsor** \_\_\_\_\_ **AND User** \_\_\_\_\_

7. Other tax-exempt financing currently outstanding, if any.  
\_\_\_\_\_ or  Not Applicable

8. If the project sponsor or user is an owner, subsidiary or affiliated directly or indirectly with any other business organization, indicate the relationship.
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9. Financial Statements of the project sponsor for the past three years. For public corporations provide the latest 10Ks; for private companies, the highest level (i.e. highest level refers to compilation or audited financial statements). (Attach as Exhibit "I" – Financial Statements.)

**Legal Status of the Applicant and Project Sponsor (ALL MUST COMPLETE):**

1. Has the applicant/project sponsor filed a bankruptcy or receivership case, had a bankruptcy or receivership action commenced against it, defaulted on a loan or been foreclosed against in the past 10 years? If so explain.

Applicant:  Yes  No    Project Sponsor:  Yes  No

Explanation:

2. Is the applicant/project sponsor currently a party to, or been notified that it may become a party to, any civil litigation that may materially and adversely affect:
- a) The financial condition of the applicant's business; or
  - b) The project named in this application? If so, please explain.

Applicant:  Yes  No    Project Sponsor:  Yes  No

Explanation:

3. Have there been any administrative or civil settlements, decisions or judgments against the applicant/project sponsor within the past ten years that materially and adversely affected:
- a) The financial condition of the applicant's business; or
  - b) The project named in this application? If so, please explain and state the amount.

Applicant:  Yes  No    Project Sponsor:  Yes  No

Explanation and Amount:

4. Is the applicant/project sponsor currently subject to, or been notified that it may become subject to, any civil litigation, examination, or investigation by a local, state or federal licensing, accreditation or regulatory or enforcement agency? If so, please explain.

Applicant:  Yes  No    Project Sponsor:  Yes  No

Explanation:

5. In the past ten years, has the applicant/project sponsor been subject to any civil or administrative proceeding, examination or investigation by any of the following that resulted in a settlement, decision or judgment? If so, please explain.
- a). Local, state or federal licensing taxing accreditation agency;
  - b). Local, state or federal taxing authority;
  - c). Local state or federal regulatory or enforcement agency that resulted in a settlement, decision or judgment? If so, please explain.

Applicant:  Yes  No    Project Sponsor:  Yes  No

Explanation:

**Criminal Matters (ALL MUST BE COMPLETED):**

1. Is the applicant/project sponsor currently: a) a party to; b) the subject of; c) been notified that it may become a party to; or d) the subject of any criminal litigation, proceeding, charge, complaint, examination or investigation of any kind that could:

a. Result in felony charges against the applicant/project sponsor?

Applicant:  Yes  No    Project Sponsor:  Yes  No

b. Result in misdemeanor charges against the applicant for matters relating to the applicant's business?

Applicant:  Yes  No    Project Sponsor:  Yes  No

c. Result in criminal charges against the applicant for any financial fraud related crime?

Applicant:  Yes  No    Project Sponsor:  Yes  No

d. Materially affect the financial condition of the applicant's business?

Applicant:  Yes  No    Project Sponsor:  Yes  No

2. Within the past ten years, has the applicant/project sponsor ever been convicted of a:

a. Felony?

Applicant:  Yes  No    Project Sponsor:  Yes  No

b. Misdemeanor related to the conduct of the applicant's business?

Applicant:  Yes  No    Project Sponsor:  Yes  No

c. Misdemeanor for any financial or fraud related crime?

Applicant:  Yes  No    Project Sponsor:  Yes  No

For any questions answered “yes,” please explain. (Attach as Exhibit “J” – Criminal Matters.)

## Part 5 – PROJECT INFORMATION

1. Project Name:
2. Project Address:  
City/County/Zip Code:
3. Detailed description of project sponsor’s products, types of customers, i.e., discount retailer, etc., specific companies sold to etc. (Attach as Exhibit “K” – Product Description.)
4. Description of present physical facilities including size and use of the facility, and any other pertinent information. (Attach as Exhibit “L” – Present Facility Description.)
5. Provide the following details on the proposed project site:
  - a. Type of Project:  New construction  Acquisition/Rehab:
  - b. Size of project site.
  - c. Cost of property only:
6. Attach a description of the current improvements on the site, including condition of the site, current use and size. If the site is currently vacant, please describe the prior use. (Attach as Exhibit “M” – Site Improvements.)
7. Does the project sponsor currently own the site?  
  
 Yes  No
8. If project sponsor does not own the site, attach a description of escrow agreement or real estate purchase contract, options or other evidence of the project sponsor’s control of the site. (Attach as Exhibit “N” – Escrow Agreement.)
9. If the property was acquired from a related party, please explain.
10. Provide the following information for the Proposed Project Description. If available, attach photo(s) and/or blueprints of the project site and design. (Attach as Exhibit “O” – Proposed Project Description.)
  - a. Number of buildings.
  - b. Number of square feet to be constructed or renovated.
  - c. Use of the square feet. (Fill in table below.)
  - d. Type of equipment being purchased.

- e. If possible, contracts of purchase or similar information.
- f. Estimated time of construction/renovation. Include start and completion dates.
- g. Principal products, uses and activities of the project.
- h. Estimated useful life of the building and equipment.
- i. Percentage of equipment purchased from Utah providers?
- j. Estimated cost of equipment purchased from Utah providers?
- k. If this is an acquisition/rehab project, please indicate the following:
  - i. Age of the building(s).
  - ii. Appraisal, if available.
  - iii. Capital Needs Assessment, if available.

Use	Size in Square Feet	Square Feet Percentage (%) of Building
Manufacturing		
Storage of Materials		
Storage of Finished Product		
Office		
Research		
Lease to Other Party		
<b>Total Square Footage of Building(s)</b>		

11. Costs of the Project

Provide the total costs associated with the acquisition of the site and construction of the proposed project in the table below. Include any utilities and proposed machinery and equipment purchases. Separate costs based on their financing sources.

**PLEASE NOTE THE FOLLOWING RESTRICTIONS:**

- Only 25% of bond proceeds may be applied to the acquisition of land. This includes the demolition costs of any existing building(s).
- Issuance expenses paid from bond proceeds cannot exceed 2% of the face value of the bonds.
- Project costs may not include working capital, moving expenses, inventory assumption, repayment or refinancing of existing debt other than construction loans.

Item	Amount Paid from PAB Bond Proceeds	Amount Paid from Other Sources
Acquisition of Land		
Acquisition of Buildings		
Fees & Other Charges Related to Sale		
Rehabilitation of Existing Building(s)		
Site Preparation		
Construction Cost of New Building(s)		
Utility Connections		
Acquisition of Equipment		
a. New		
b. Used		
Installation Equipment Costs		
a. New		
b. Used		
Invoices		
Architect/Engineer		
Permits and Fees		
Bond Issuance Expenses (including any discount)		
Letter of Credit or Bond Insurance Fees		
Interest during Construction From:            To:		
Interest Income during Construction From:            To:		
Other: (Please Explain)		
Contingency: (Please Explain)		
<b>Total Costs Each Financing Source:</b>		
<b>Total Project Cost:</b>		

12. Indicate if construction and completion of the project will have any adverse environmental impact, including additional waste disposal.

Yes    No    If yes, please explain.

13. Please estimate types and costs of new public services or infrastructure improvements required by the project, including utility upgrades and street improvement. Provide estimates. **(Attach as Exhibit "P" – Infrastructure Costs.)**

**Relocation (complete only if there is relocation of employees):**

If the bond financing is required for the relocation of a facility attach documentation containing the following information in items 1 through 3. All information is required.

1. The relocation is due to one of the following:
  - a. An inadequacy of the existing facility.

- b. A significant change in the company's operations requiring a different location.
  - c. A building moratorium where the existing facility is located.
  - d. Expiration of the existing lease and proof that it cannot be renewed on reasonable economic terms.
  - e. An economic need to move closer to the company's customers or suppliers.
  - f. Inability to find adequate expansion space.
  - g. Other.
2. Will project sponsor or user retain current employees at the new facility? If so, describe steps the company will take to mitigate the relocation effects on employees.
  3. Is the relocation necessary to prevent the:
    - a. Transfer of substantial operations to outside the state?  Yes  No
    - b. Abandonment of substantial operations of the company?  Yes  No

For any question answered "yes," please explain. (Attach as Exhibit "Q" – Relocation Information.)

## Part 6 – PUBLIC BENEFIT

The primary criterion used to evaluate a proposed project is the public benefit it generates. The principle benefit is employment followed by wages. While the initial financial profits produced by the construction of the project are valuable, it is the long-term contributions created by the operation of the facility that are most important. Characteristics of the proposed site are reviewed in order to estimate the direct and indirect advantages of the project. An area with lower incomes and employment will profit more from a new facility than another region that is performing well economically.

**Answer each of the following questions as it relates to this project:**

1. Is the proposed project located in a community with an unemployment rate equal to or greater than 125% of the statewide average?  Yes  No
2. Is the proposed project located in a community with a median household income 80% or less than the statewide average?  Yes  No
3. Is the proposed project located in a community that has been designated as a "hard to develop area for residential projects"?  Yes  No
4. Is the proposed project located in an Enterprise Zone or another Special Designation Area?  Yes  No
5. Is the proposed project located in a community that has a poverty level equal to or greater than the statewide average?  Yes  No

For any question answered "yes," please explain. Attach supportive documentation. (This information can usually be obtained from city and/or county economic development offices.) (Attach as Exhibit "R" – Area Economic Development Information.)

## Job Creation

Using the charts below, provide the project sponsor's or user's current figures on employment and sales volume. Guesstimate what these figures will be upon completion of the project and two years after completion.

### Statewide Operations

	Current	Upon Completion	2 Years After Completion
Number of Locations:			
Total Sales Volume:			
Number of Employees:			
Total Payroll:			

### Project Site

	Current		Upon Completion		2 Years After Completion	
	# of Employees	Average Hourly Wage	# of Employees	Average Hourly Wage	# of Employees	Average Hourly Wage
<b>Total Employment:</b>						
Management:						
Skilled:						
Semi-Skilled:						
Unskilled:						
<b>Total Payroll:</b>						

Weighted Average Hourly Wage:	
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### Other Public Benefits:

1. When completed, what will the annual property taxes be for the facility?

\$ \_\_\_\_\_

2. Will the company offer any on-site training?

Yes  No

3. Will the company be involved with the local school district in providing job training to students?

Yes  No

4. Will the company pay a percentage of the employee's medical plan?

Yes  No

5. Will the facility have an energy efficient design and construction?

Yes  No

6. What percent of **taxable** bonds will be used to finance the project?

\_\_\_\_\_ %

7. Has the community (city, town or county) contributed any financial resources to the project?

Yes  No

For any question answered "yes," please explain. (Attach as Exhibit "S" – Other Public Benefits Information.)

## Part 7 – APPLICATION EXHIBITS

Please use this checklist to ensure all necessary exhibits are attached for the Private Activity Bond Authority Board Manufacturing Facility Application. Incomplete applications are subject to disqualification and may not be considered for volume cap allocation. Make certain all exhibits are labeled correctly and stacked in alphabetically order. It is **not** necessary to separate exhibits with tabs, dividers, slip sheets, etc.

Please check the appropriate box for all application exhibits.

Attached  N/A Exhibit "A" – Executive Summary

Attached  N/A Exhibit "B" – Copy of the Adopted Resolution

Attached  N/A Exhibit "C" – Copy of TEFRA Resolution OR  
Certification from Applicant

Attached  N/A Exhibit "D" – Copy of Issuance Terms

Attached  N/A Exhibit "E" – Credit Financing Description

Attached  N/A Exhibit "F" – Copy of the Commitment Letter

Attached  N/A Exhibit "G" – Need for Tax-Exempt Bond Request

- Attached  N/A Exhibit "H" – Alternative Financing Terms
- Attached  N/A Exhibit "I" – Financial Statements
- Attached  N/A Exhibit "J" – Criminal Matters
- Attached  N/A Exhibit "K" – Product Description
- Attached  N/A Exhibit "L" – Present Facility Description
- Attached  N/A Exhibit "M" – Site Improvements
- Attached  N/A Exhibit "N" – Escrow Agreement
- Attached  N/A Exhibit "O" – Proposed Project Description
- Attached  N/A Exhibit "P" – Infrastructure Costs
- Attached  N/A Exhibit "Q" – Relocation Information
- Attached  N/A Exhibit "R" – Area Economic Development Information
- Attached  N/A Exhibit "S" – Other Public Benefits Information