

SD VALUE ADDED FINANCE AUTHORITY

711 East Wells Avenue

Pierre SD 57501

(605) 773-4633

FOR OFFICE USE ONLY

Project No. _____

Application Received: _____

\$200 Application Fee Received: _____

Agri Business Bond Program

Livestock Nutrient Management Bond

Part A - GENERAL BORROWER INFORMATION (To be completed by Borrower)

1. Name/Partnership/Corporation: _____

Address _____ County _____

City/State/Zip _____

2. Contact Person/Title _____

Phone _____ Fax _____ Email _____

3. If Borrower is a partnership or limited partnership, list partners or general partners:

4. If Borrower is a corporation, please list the state of incorporation: _____

5. If Corporation is a not-for-profit corporation, provide purpose of the not-for-profit corporation and date of IRS determination letter or date determination letter applied for: _____

6. Is the Borrower currently qualified to transact business with the State of South Dakota Yes No

Part B - PROJECT INFORMATION (To be completed by Borrower)

1. This project qualified for financing pursuant to the Agri Business Bonding program (check one):

- The Project consists of agricultural manufacturing/processing
- The project consists of animal solid waste management
- The project qualifies as a [501 (c) (3)]

2. Amount of Bond Request: \$ _____

3. General Project description for use of the Bond Proceeds. Animal solid waste management projects must provide a list of all project costs and general description of project costs as related to solid waste management functions (if more space is needed please attach as Exht. A): _____

4. Please provide a description of the borrower - such as the borrowers general business or purpose of the borrower and how the project will be used for that business or purpose, include products produced.

5. Location of Project, if different than Applicant:

City/State/Zip County

6. Sources and Uses of Project Funds:

USES OF FUNDS:

TOTAL USES OF PROJECT FUNDS

Amount

\$	
\$	
\$	
\$	
\$	
\$	
\$	
\$	
\$	
\$	
\$	
\$	

Please provide uses for entire project in general amounts and specific uses and amounts of project financed with tax-exempt bonds.

SOURCES OF FUNDS:

TOTAL SOURCES OF PROJECT FUNDS

Amount

\$	
\$	
\$	
\$	
\$	
\$	
\$	
\$	
\$	
\$	
\$	

Please provide sources for entire project including financing with and without tax-exempt bond, other financial institutions, economic development agencies, etc., and owner equity.

7. Have any capital costs to be repaid from Bond Proceeds been expended and if so, how much?

No Yes In the amount of \$ Date(s) of Expenditure

(There are certain IRS Limitations for costs eligible for reimbursement.)

8. Has the Applicant previously received tax-exempt bond financing from the Value Added Finance Authority, or a political subdivision of the State of South Dakota, and, if so, describe the previous financing and any remaining tax-exempt financing amounts outstanding:

9. Approximately how many permanent or part-time jobs, if any, will be provided as a result of the Project:

10. Provide an explanation of any benefits the Project will have on the community:

Part C - INFORMATION REGARDING SALE OF THE BONDS (To be completed by the applicant and bond purchaser, to the extent known.)

1. Type of Bond Issue, please check one:

Bank Loan Individual Investor Contract Sale Public Sale

2. Bond Purchaser:

Bank/Contract Seller/Individual Investor
Contact Person/Title
Address City/State/Zip
Phone Fax Email

3. Provide the interest rate (actual or estimate) for financing of the Project:

Fixed Rate Variable Rate Index

4. Proposed Terms of Loan

Years Repayment

PART D - COUNSEL/ADVISORS TO THE FINANCING (To the extent presently known)

1. Counsel to the Borrower:

Firm Name				
Contact Person/Title				
Address		City/State/Zip		
Phone		Fax		Email

2. Other (please specify):

Firm Name				
Contact Person/Title				
Address		City/State/Zip		
Phone		Fax		Email

Name (Printed or Typed)				
Title				
Date		Signature		

Name (Printed or Typed)				
Title				
Date		Signature		

NOTE: IN ORDER FOR THIS APPLICATION TO BE CONSIDERED BY THE BOARD OF THE VALUE ADDED FINANCE AUTHORITY, AN EXECUTED COPY OF THIS FORM, ALONG WITH A NON-REFUNDABLE APPLICATION FEE OF \$200.00, MUST BE SUBMITTED TO THE VALUE ADDED FINANCE AUTHORITY 711 EAST WELLS AVENUE, PIERRE, SD 57501.