

NOTICE OF INTENT AND REQUEST FOR ALLOCATION OF STATE CEILING
UNDER 26 U.S.C. §146 (2001)
PURSUANT TO §§ 122-4-01 TO 122-4-08 OF THE OHIO ADMINISTRATIVE CODE

IMPORTANT: Issuer must file three original signed copies of this form. Read Ohio Administrative Code 122-04-01 to 122-4-08 and any orders and instructions of the Director carefully. The filing of a Notice of Intent too soon before issuance, for too large an amount, an incomplete form or without required enclosures, will prejudice the bond issue. Errors and omissions will invalidate the Notice of Intent.

1. NAME OF BORROWER:

2. PROJECT LOCATION:

Name(s)
Address
Jurisdiction, County, ZIP-Code
Telephone, Fax

3. PROJECT OWNER:

Contact Name
Organization Name
Address
City, State, ZIP-Code
Telephone, Fax, Email

4. ISSUER:

Contact Name
Organization Name
Address
City, State, ZIP-Code
Telephone, Fax, Email

5. BOND COUNSEL:

Contact Name
Organization Name
Address
City, State, ZIP-Code
Telephone, Fax, Email

6. TOTAL FIXED ASSET INVESTMENT OF PROPOSED PROJECT:

7. AMOUNT OF VOLUME CAP CONFIRMATION REQUESTED:

8. APPLICABLE INTERNAL
REVENUE CODE (IRC) SECTION:

- | | |
|----------------------------------------------------------------------|------------------------------------|
| <input type="checkbox"/> 142(a)(7) - Multifamily Housing Projects | <input type="checkbox"/> 147(c)(2) |
| <input type="checkbox"/> 142(a)(____)* - Exempt Facility Projects | <input type="checkbox"/> Other* |
| <input type="checkbox"/> 143(a) - Mortgage Revenue Bond Projects | |
| <input type="checkbox"/> 144(____)* - Qualified Small Issue Projects | |

*cite applicable section or subsection:

9. IF BONDS ARE TO BE ISSUED UNDER IRC § 142(A)(6), WILL THE FACILITIES BE OWNED, FOR FEDERAL TAX PURPOSES, BY OR ON BEHALF OF A GOVERNMENTAL UNIT?

- Yes Not Applicable
 No

10. UNDERWRITER/
PLACEMENT AGENT:

Contact Name
Organization Name
Address
City, State, ZIP-Code
Telephone, Fax, Email

11. PURCHASER OF THE BONDS:

Contact Name
Organization Name
Address
City, State, ZIP-Code
Telephone, Fax, Email

12. WILL THE BONDS BE SUPPORTED BY A FORM OF CREDIT ENHANCEMENT, SUCH AS A LETTER OF CREDIT OR GUARANTY?

- Yes
- No

IF YES, INDICATE THE FORM OF ENHANCEMENT AND THE PROVIDER:

13. HAVE THE BOND TERMS BEEN FINALIZED?

- Yes
- No

IF NO, INDICATE THE DATE TO BE FINALIZED:

14. ANTICIPATED DATE OF ISSUANCE (DELIVERY OF AND PAYMENT FOR) BONDS

15. IS ANY PART OF THE REQUESTED CONFIRMATION INTENDED TO REFUND A PRIOR ISSUE?

- Yes
- No

IF YES, INDICATE THE OUTSTANDING AMOUNT OF THE BONDS BEING REFUNDED:

16. HAS THE LENDER, UNDERWRITER, CREDIT ENHANCER OR TRUSTEE REQUIRED A SITE SURVEY?

- Yes
- No

17. HAS THE LENDER, UNDERWRITER, CREDIT ENHANCER OR TRUSTEE REQUIRED AN ENVIRONMENTAL SURVEY?

- Yes
- No

18. HAS THE LENDER, UNDERWRITER, CREDIT ENHANCER OR TRUSTEE REQUIRED TITLE INSURANCE?

- Yes
- No

19. FOR 16 THROUGH 18, INDICATE THE DATE FOR ALL COMPLETED OR TO BE COMPLETED:

20. WILL THE PROJECT REQUIRE FINANCING OTHER THAN THE BONDS?

- Yes
- No

IF YES, INDICATE WITH WHOM THE FINANCING HAS BEEN ARRANGED AND THE AMOUNT::

21. HAS PUBLIC APPROVAL UNDER IRC § 147(F) BEEN OBTAINED?

- Yes
- No

IF YES, ATTACH SIGNED COPY AND INDICATE THE NAME AND TITLE OF THE OFFICIAL:

22. HAS THE APPLICABLE C.I.C. CERTIFICATION UNDER OHIO REVISED CODE (ORC) § 165.03(C) BEEN OBTAINED?

- Yes
- No
- Not Applicable

IF YES, INDICATE THE DATE RECEIVED AND ATTACH COPY:

23. RETURN CONFIRMATION TO (CHECK ONLY ONE):

- Bond Counsel
- Issuer
- Project Owner
- Other – Please indicate:

24. REQUIRED ATTACHMENTS (FILINGS APPLICABLE TO IRC § 143(a) ARE EXCLUDED)

- Attachment A – Borrower Description
Describe the following aspects of the borrower in one attached page:
 - Brief history of the borrower;
 - Products and services;
 - The borrower’s primary customers; and
 - Identify the development team, including the developer, partners, and general contractor, and their experience with similar projects.

- Attachment B – Project Description
Describe the following aspects of the proposed project in one attached page:
 - Is this a new facility/site, expansion, or acquisition of an existing facility?
 - Identify square footage of the facility and acreage of site.
 - Will the borrower purchase, lease, or construct the facility?
 - Explain the new products or production methods resulting from this project.
 - What machinery and equipment are to be leased or purchased?
 - Identify the number of full-time jobs created.
 - Identify the number of jobs retained as a result of this project that are at risk if it were to not go forward.

25. CATEGORY - SPECIFIC ATTACMENTS (FOR FILINGS APPLICABLE TO IRC § 142, 144 OR 147)

- | | |
|--------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> <u>Required Multi-Family Housing Attachments</u>
-Attachments C1, C2, C3, C4, C5 | <input type="checkbox"/> <u>Required Qualified Small Issue Attachments</u>
-Attachment E |
| <input type="checkbox"/> <u>Required Exempt Facility Attachments</u>
-Attachment D | <input type="checkbox"/> <u>Required Carryforward Attachments</u>
-3 Original Copies of IRS Form 8328 |

26. REQUIRED SIGNATURES:

The Ohio Department of Development requests disclosure of information that is necessary to accomplish the statutory purpose as outlined in Ohio Administrative Code Rules 122-4-01 to 122-4-08. Disclosure of this information is required. Failure to provide all information requested on the most current form will result in this form not being processed. Please visit <http://development.ohio.gov/Energy/Incentives/VolumeCapProgram.htm> to download the most current forms and attachments as they may be updated frequently. By its signature below, Borrower certifies that the information is true, correct, and complete, and that Borrower intends to undertake and complete the project substantially as described.

By: _____
(Signature of Authorized Officer of Borrower)

Name: _____

Title: _____

Date: _____

By: _____
(Signature of Issuer)

Name: _____

Title: _____

Date: _____

27. SUBMISSION INSTRUCTIONS:

- Complete form and print, making sure all responses are visible and legible.
- Have form signed by both issuer and borrower.
- Provide one check for deposit of 0.75% of the confirmation requested (item 7 above) up to \$150,000 (carryforwards up to \$500,000), payable to “Ohio Treasurer Josh Mandel.”
- Provide one separate check for a non-refundable \$1,000 application fee, payable to “Ohio Treasurer Josh Mandel.”
- Deliver 3 original copies of form, attachments and checks to:
Ohio Development Services Agency
Attention: Volume Cap Program
77 South High Street, 26th Floor
Columbus, Ohio 43215