

## Managing Wisconsin's trust assets for public education

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## BCPL Loan Application Request Form Municipal TID Revenue Loan

Date			
Municipality		County	
	Include type of municipality (e.g. Town of Lake Tomahawk)		
Municipal Mailing Address		<del></del>	
Overnight Mail Address			
	If different from above (no P.O. Box)		
Head of Municipality		Phone (w)	
Mailing Address		(h)	
		(c)	
Email			
Municipal Clerk		Phone (w)	
Mailing Address		(h)	
0 11 111		(c)	
Email		(-7	
Finance Dir/Treasurer		Phone (w)	
Mailing Address		(h)	
Walling Address		(r)	
Email		(0)	
Liliali			
Financial Advisor/Firm		Dhono (w)	
•		Phone (w)	
Email		(c)	
Municipal TID #			
Loan Purpose			
Loan Amount	\$		
Loan Term	Years		
Date Funds Needed	(estimate)		

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## **Required Attachments to TID Revenue Loan Application**

Please be as complete and accurate as possible. BCPL will examine all information requested from the Borrower, in addition to other information and documentation that BCPL deems necessary to understand the risks inherent in the transaction, in the determination of potential loan terms.

Statutes require that any TID Revenue Loan provided by BCPL may not exceed an amount that would require annual payments to exceed 80 percent of the shared revenue payments received by the Borrower in the year prior to the date of the loan application.

- 1. **Project History -** Attach a copy of the original TID project plan approved by the Borrower and the joint review board, along with any approved revisions to that plan.
- 2. **Project Status** Attach a narrative description of current TID status including variances from the original or amended project plan and details regarding anticipated future project investments and expenditures.
- 3. **Increment History and Projections** Provide a table that includes the TID equalized value, value increment, and borrower tax increment allocations for each year from the formation of the TID to the current year. Include annual projections for the term of this loan. A statement detailing all assumptions used in forecasting these annual tax increments is required.

By signing below, I certify that the above information and all attachments are true and correct to the best of my knowledge.

Head of Municipality		Municipal Clerk		
Signature	Date	Signature	Date	
Print Name and Title		Print Name		

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