

Making a Difference for Maine Communities

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**School Revolving Renovation Fund**

**Financial Application**

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| --- |
| **For General Obligation Borrowers - Towns, Cities, Counties, School Districts, etc.** |
|  |

Program Officer: Program Assistant:

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**MAINE MUNICIPAL BOND BANK**

**SCHOOL REVOLVING RENOVATION FUND PROGRAM APPLICATION**

**Types of Borrowers:** This application is designed for the purpose of obtaining financial information from school administrative units. Municipalities, Regional School Units (RSU) and School Administrative Districts (SAD) are considered school administrative units.

**MUNICIPALITIES/GOVERNMENTAL UNITS:**  The application should be filled out with financial information concerning the municipality. If the municipality has any stand-alone debt, it should be reflected as part of the debt and financial information.

**SCHOOL DISTRICTS:** If the school administrative unit debt is backed by a General Obligation pledge of the municipality, both district and municipal information will be required. The school administrative district must send Audited Financial Statements for the last three years, their latest budget, and the Annual Report.   
**\*Audited Financial Statements are also required from each municipality being served by the school administrative district.**

**Department of Education (DOE):** The DOE is the School Revolving Renovation Project administrator. School administrative units must first apply to the DOE to determine project eligibility and priority ranking. DOE will need to issue a Certificate of Eligibility before a borrower can submit their School Revolving Renovation Program Financing Application to the Bond Bank.

**Local Authorization:** Any borrowing from the SRRF program must be authorized by the local governing authority. If a percentage of the Renovation loan will be forgiven, you may question what amount of debt should be presented to the authorizing entity/voter for approval:

a) the amount of the loan request, before any forgiveness or

b) the net loan amount, after forgiveness

The conservative answer is “a”. The authorization for bonding and local bond opinion will reflect the total loan amount for financing eligible improvements before forgiveness. The loan term will be based on this amount as well. Please consult with your local bond counsel concerning this matter.

**Repayment Source:** Loan applications and supporting financial information will be reviewed for evidence of a dedicated source of revenue that is sufficient to cover repayment of the proposed loan, plus all existing indebtedness and operating costs of the borrower.

**Local Bond Counsel:** The Bond Bank requires borrowers to hire local bond counsel to prepare the bond documents and issue a legal opinion confirming that the bonds issued by the applicant meet all requirements for tax-exempt status. It is strongly recommended that an applicant consult local bond counsel before completing the School Revolving Renovation Program Financial Application.

Careful completion of the application will contribute to quick processing of your loan request. Please bring to our attention any additional information that is not disclosed in the application or the supporting documentation. If you have any questions or need help completing the application form, please call or email Toni Reed at 207-622-9386 ext. 213 or Makenzie Carlow at ext. 208.

# **GENERAL INFORMATION**

|  |  |
| --- | --- |
| Name of Applicant |  |
| Mailing Address |  |
| Physical Address |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | Chief Administrative Officer | Contact Person (if different) | Billing Contact Person (if different) |
| Name |  |  |  |
| Title |  |  |  |
| Telephone |  |  |  |
| Fax |  |  |  |
| Email |  |  |  |

|  |  |
| --- | --- |
| Total Loan Amount (total approved by DOE) | $ |

Bond Counsel Information: (see approved list at <https://mmbb.com/BondCounsel.aspx>):

*Dropdown menu*

Bond Counsel: Please Select Firm: Please Select

Telephone: Please Select Email: Please Select

Mailing Address: Please Select

Form of Authorization:  Referendum  Council  Town Meeting  Other

Project Bid Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of Authorization: \_\_\_\_/\_\_\_\_/\_\_\_\_

First repayment date\*: \_\_\_\_/\_\_\_\_/\_\_\_\_ Expected Completion Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

\**The first payment must be made within one year of the project’s completion date*

**FINANCIAL INFORMATION**

*PLEASE INCLUDE 3 MOST RECENT FINANCIAL AUDIT REPORTS WITH APPLICATION.*

Current fiscal year:

Any anticipated financial changes in the current unaudited fiscal year from previous?  Yes  No

If so, please explain:

Any anticipated financial changes in the next fiscal year?  Yes  No

If so, please explain:

**Please answer and explain the following questions:**

Please discuss the current fiscal year’s budget and the assumptions used. How is the budget tracking so far year-to-date? Are there any expected significant deviations from previous budgets?

Any financial challenges or delays in revenues?

Are you expecting a surplus or deficit in current fiscal year? What factors drove operating results?

Any unplanned or one-time revenues or expenditures?

Do you have any concerns over your ability to pay debt service?

Do you have a five-year capital improvement plan?

If so, please provide a copy.

Do you have a fund balance policy?

If so, please explain or provide a copy.

Has there been any recent changes in leadership or key executive or financial management?

Do you have a cyber security plan or cyber security insurance?

Have you ever had a cyber-attack or been a target of an attack?

**DEBT INFORMATION**

Any new debt secured since your last audit?

If so, please provide explanation and debt schedule if outside of MMBB.

Any approved debt not issued yet?

If so, please briefly explain:

Any anticipated large projects in the next two years?

**OUTSTANDING DEBT NOT WITH THE BOND BANK**

PLEASE ATTACH YOUR DEBT SCHEDULES FOR ALL DEBT OUTSIDE OF MMBB

**TAX INFORMATION** *(RSU’s/MSAD’s must complete for each City/Town in the District)*

Tax Rate and Tax Collections

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | | | Collected by End of Fiscal Year | | Collected by End of Second Year | |
| **Fiscal Year** | **Tax Rate (*Per $1,000 of Assessed Value)*** | **Total Taxes Billed** | **Dollar Amount** | **% of Tax Levy** | **Dollar Amount** | **% of Tax Levy** |
|  |  |  |  | % |  | % |
|  |  |  |  | % |  | % |
|  |  |  |  | % |  | % |
|  |  |  |  | % |  | % |
|  |  |  |  | % |  | % |

Property Valuations *(SAD’s to complete for each City/Town in the District)*

|  |  |  |
| --- | --- | --- |
| Year Ending *( Most Recent Year)* | Local Assessed Value *(Real Estate + Personal Property)* | State Assessed Value |
|  |
| \_\_\_\_/\_\_\_\_/\_\_\_\_ |  |  |  |
|  |

Date of Last Re-evaluation: \_\_\_\_/\_\_\_\_/\_\_\_\_

Composition of Tax Base:Please provide current fiscal year estimates for the following:

Commercial and Industrial \_\_\_\_\_\_% Residential \_\_\_\_\_\_%

Tax Due Dates: \_\_\_\_/\_\_\_\_/\_\_\_\_

Penalties and/or interest charged on overdue taxes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Basis of Accounting(check one)  Cash  Modified Accrual  Full Accrual

**ECONOMIC INFORMATION** *RSU’s/MSAD’s must complete for each City/Town in the District)*

List top five taxpayers with more than 10% of total assessed value:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Taxpayer |  |  |  |  | Percentage |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

Are you anticipating any changes in the largest taxpayer?  Yes  No

If yes, why? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Yes  No Are any of these employers expected to make major changes in workforce or operations?

If yes, why?

Yes  No Are there any other factors that have occurred since the date of the last annual report or

financial statements that would significantly affect your revenue, expenditures, or overall

financial condition?

If yes, please list:

Yes  No Is there pending litigation, not covered by insurance, that is significant or material that could impact your financial condition? *If yes, please provide a statement explaining any such lawsuit.*

Yes  No Is there a place in your community or pending before the governing body, a limitation on the

ability of governmental unit to raise, through taxes or rates, or expend from revenue, funds

necessary to pay the costs incurred if you issue the debt called for in this application? *If yes,*

*please provide a copy of the ordinance or proposed governmental unit action, explaining the*

*possible limitation.*

Yes  No Are there any limitations (e.g., local ordinance, statutory, or regulation) governing the amount of bonded or general obligation debt that you may incur?

If yes, please explain:

Yes  No Are there any other issues that could materially impact the overall credit strength? If so,

please explain.

**STATEMENT OF DEFAULT**

We hereby certify that *(application’s name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* has not defaulted on any payment of matured Principal and/or Interest. If default has occurred, please provide details on a separate page.

The applicant must enclose the following documentation with the completed application. *Please indicate whether it is enclosed or not applicable.*

Enclosed N/A

One copy of each of the last three annual Audited Financial Statements.

School districts (MSAD’s, RSU’s & CSD’s) should include the most recent

audited financial statement from each municipality within the district.

Please include a YTD budget to actual report.

If the last Audited Financial Statement is more than 12 months old, please submit

the most recent unaudited financial statement. As well as a statement to why audit is not final and when it will become finalize.

***NOTE: THE BOND BANK MAY ASK FOR EXTRA ITEMS SUCH AS A BUDGET, TRIAL BALANCE STATEMENTS, REVENUE & EXPENSE REPORTS, ETC.***

Any material facts that amplify the financial effect on the community not requested in this application should be noted here:

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
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|  |  |  |  |  |  |  |  |  |  |  |

The facts and representations in this application form are from the official records of this unit and are correct in all material aspects to the best of our knowledge.

Chief Administrative Officer: \_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(name)*

Signature: Date: