



LPFA

LOUISIANA PUBLIC FACILITIES AUTHORITY

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APPLICATION PACKAGE

 **Application Package** 

1 Name of Project: _____

2 Project Address:

(a) Municipal Address (Please use the actual physical address (number and street) for facility. Do *not* use a post office box or a PROPOSED Municipal Address from the City Planning Office);

OR (only if (a) above is unavailable),

(PLEASE NOTE THE FOLLOWING CANNOT BE A LEGAL DESCRIPTION)

(b) on a _____ acre site, on the _____ (north, east, south, west, northwest, etc.), side of _____ (Street, Drive, Boulevard, Avenue, U.S. Highway, etc.) of the intersection of _____ (Street, Drive, Boulevard, Avenue, U.S. Highway, etc.) and _____ (Street, Drive, Boulevard, Avenue, U.S. Highway, etc.), in the *City of _____, Parish of _____, Louisiana.

3 Not to Exceed Amount of Bond Issue: \$ _____

4

Description of Project:

The Project involves the financing of the acquisition [constructing and/or renovating, (choose one or both)] and equipping of a:

5

Employment Impact Information:

Number of Construction Jobs: _____

Number of Permanent Jobs to be created: _____

Annual Payroll of New Permanent Jobs: \$ _____

Number of Present Jobs Retained or Transferred: _____

Annual Payroll of Jobs Retained or Transferred: \$ _____

6

Name of Project Owner(s):

Name of Corporation: _____

Name of Partnership: _____

Name(s) of Individuals: _____

If Corporation, is it: Non-Profit Closely Held

Public Other

(Please check one)

Address of Registered Office (may not be a post office box):

State Organization: _____

7

Project Principals:

Name: _____

Address: _____

Name: _____

Address: _____

Name: _____

Address: _____

8

General Contact Person for this Project:

Name: _____

Address: _____

Telephone Number: _____

Fax Number: _____

Email: _____

9 Public Relations Contact for this Project:

Name: _____

Address: _____

Telephone Number: _____

Fax Number: _____

Email: _____

10 Project Owner's Attorney:

Name: _____

Name of Firm: _____

Address: _____

Telephone Number: _____

Fax Number: _____

Email: _____



The following information must be supplied upon presentation of this Application Package to enable the Authority to provide information as required by the Louisiana State Bond Commission to the area legislators. Legislative notification must be prepared by the Authority at least five days prior to the Meeting of the Louisiana Public Facilities Authority Board of Trustees.

11 State Senator: _____

State Representative: _____



12 Guarantor, if any: _____

13 If Historical Building, please give age of Building: _____ years

14 Recommendation for LPFA's Bond Counsel (Please review the Minimum Qualifications for Bond Counsel handout included in the LPFA Application Package):

Firm Name: _____

Attorney's Name: _____

Address: _____

Telephone Number: _____

Fax Number: _____

Email: _____

Assistant's Name: _____

Assistant's Telephone Number: _____

Assistant's Email: _____

15 Signature of Project Owner's Representative:
_____, Project Owner

Signature: _____

Name: _____

Title: _____

LPFA APPLICATION - ATTACHMENT A

PROPOSED LAND ACQUISITION AND CONSTRUCTION BUDGET

Land Costs:

(If to be financed with Bond Proceeds)

This cost may not exceed 25% of Bond Proceeds \$ _____

Building Costs:

1. Site Preparation \$ _____

2. Concrete Work \$ _____

3. Framing \$ _____

4. Electrical \$ _____

5. Plumbing \$ _____

6. Heating & Air Conditioning \$ _____

7. Roofing \$ _____

8. Depreciable Equipment & Fixtures \$ _____

9. Other (specify)

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

TOTAL \$ _____