MANUFACTURING FACILITY APPLICATION

Project Name: ________________________________

Location of Project: ________________________________

Issuer (Applicant): ________________________________

Project Sponsor: ________________________________

I, do hereby certify, on behalf of (Name of County/City), Utah that we have reviewed the information contained in the attached application and approve of the project as presented.

I, do hereby certify, that the information contained in the attached application is true and accurate to the best of my knowledge.

Signature of Applicant’s Senior Official ________________________________

Signature of Project Sponsor Officer ________________________________

Print Name ________________________________

Print Name ________________________________

Title ________________________________

Title ________________________________

Date ________________________________

Date ________________________________
The purpose of this application is to provide information to the Utah Private Activity Bond Authority Review Board (PAB) to aid in the allocation of volume cap to manufacturing facilities in the State of Utah.

In recognition of the intense competition for this important and scarce resource available under the State ceiling, applicants are required to provide full explanations of the need for tax-exempt bond financing for the project and the public benefits of the project. The applicant should be aware that there is a limited amount of Volume Cap and there is the possibility of insufficient funds to accommodate all applicants. Therefore, careful comparison of individual requests is necessary to promote the highest and best use of the Volume Cap. To facilitate careful comparison and evaluation of each submission, please complete the application in its entirety and include all required exhibits. Among the criteria used in the evaluation are:

a. Public benefit to the community and state, including: new employment, wages and distribution of wages and programs promoting employee education and skill.
b. Community support and sponsorship.
c. Efficiency as measured by employee/bond ratio.
d. Demonstrated need for tax-exempt financing.
e. Innovative financing (i.e. use of other sources of funding).
f. Construction and equipment costs.
g. Location of facility: rural areas of the state, areas with high unemployment rates, disadvantaged economic areas, etc.
h. Financial capacity of applicant.

The applicant is required to submit two (2) paper copies and one (1) electronic copy on a USB Drive or SD Card of the completed application along with any attachments and exhibits on or before the deadlines listed on the web site. Submission of application and/or attachments/exhibits in place of the paper copies will NOT be accepted. The application fee (made payable to the Private Activity Bond Authority) is due at the time of submission. Incomplete applications, including omitted fees, are subject to disqualification. For a schedule of fees, application deadlines and meetings of the PAB Board, please refer to the web site at: www.goed.utah.gov/relocate/PAB.

Send application and fee to:

Roxanne C. Graham, Director
Private Activity Bond Authority Program
60 East South Temple, 3rd Floor
Salt Lake City, UT 84111

For questions regarding the application process or the Private Activity Bond Authority Program, please contact Roxanne at (801) 538-8699 or roxanneg@utah.gov.
PRIVATE ACTIVITY BOND AUTHORITY PROGRAM

GRAMA Request Policy
(Government Records Access and Management Act)

Record Accessibility

All proposals, applications and other exhibits, submitted to the PAB Review Board for funding consideration, become the property of the Private Activity Bond Authority Program (PAB). These materials are generally subject to the Utah Government Records Access Management Act (“GRAMA”) (Utah Code Ann. §§63G-2-1 01 et seq) and are considered public records after the evaluation process has been completed and a final decision made.

The Act, however, does protect trade secrets, commercial information and non-individual financial information, which, if disclosed, would give an unfair advantage to the recipient of that information, as opposed to the person who submitted the application.

The following records are protected under Section 63G-2-304, if, properly classified by a governmental entity:

1. Trade secrets as defined in Section 13-24-2, if the person submitting the trade secret has provided the governmental entity with the information specified in Section 63G-2-308;
2. Commercial information or non-individual financial information obtained from a person if:
   • (a) disclosure of the information could reasonably be expected to result in unfair competitive injury to the person submitting the information or would impair the ability of the governmental entity to obtain necessary information in the future;
   • (b) the person submitting the information has a greater interest in prohibiting access than the public in obtaining access; and
   • (c) the person submitting the information has provided the governmental entity with the information specified in Section 62G-3-308;"

Protected Information Request

GRAMA provides that if a person submits trade secrets, commercial information, or non-individual financial information to a government entity, they may request that information be classified as a protected record. A protected record request for any portion of a proposal, application or other exhibits requires the completion of a “Request for Protected Record Status” form. One section of this form requires a written statement supporting the claim for confidentiality. To help facilitate this requirement, applicants may complete a “Claim of Business Confidentiality Request” form. The completed and signed Form(s) must be submitted with the proposal. The person submitting the application must clearly identify the specific information for which the protected classification is requested. Failure to provide this, risks having the entire submission be considered a public record. Please Note: An entire submission may not
be protected under a claim of business confidentiality. The two forms mentioned above can be found at the end of this application.

**Application Notes**

Please take note of the "**Protected Information Request**" paragraph under the GRAMA Policy section above. **Unless an applicant requests certain sections of their application to be classified as a protected record, once an application is submitted for review, all information connected with that application, including all exhibits, are subject to GRAMA rules.** (Please note: An entire application, including exhibits cannot be classified as a protected record.)

The forms “Request for Protected Record Status” and “Claim of Business Confidentiality Request” can be found at the end of this application.

For additional information or questions regarding this policy, please contact the PAB Program Director.
Private Activity Bond Review Board  
Manufacturing Application  

Part 1 – Financing Team Information  

1. Applicant Name (Tax-Exempt Entity – City or County)  
Name of Issuing Agency:  
Name of Senior Official:  
Title of Senior Official:  
Mailing address:  
City:  
State:  
Zip Code:  
Telephone:  
FAX:  
E-Mail:  
Issuer’s Federal Identification No:  

2. Public Jurisdiction (proposed project location, if different from applicant location)  
Name of Jurisdiction:  
Name of Contact Person:  
Title of Contact Person:  
Mailing Address:  
City:  
State:  
Zip Code:  
Telephone:  
FAX:  
E-Mail:  

3. Name of Project Sponsor (Borrowing Entity, e.g. ABC Company)  
Name of Staff Person:  
Title of Staff Person:  
Name of Company:  
Mailing Address:  
City:  
State:  
Zip Code:  
Telephone:  
FAX:  
E-Mail:  

4. Bond Counsel  
Name of Firm:  
Name of Attorney:  
Mailing Address of Firm:  
City:  
State:  
Zip Code:  
Telephone:  
FAX:  
E-Mail:  

5. Financial Consultant  
Name of Firm:  
Name of Contact:  
Mailing Address of Firm:  
City:  
State:  
Zip Code:  
Telephone:  
FAX:  
E-Mail:  


6. **Bond Underwriter**
   Name of Firm:
   Name of Contact:
   Mailing Address of Firm:
   City: Telephone:
   State: FAX:
   Zip Code: E-Mail:

7. **Private Placement Agency (If Applicable)**
   Name of Firm:
   Name of Contact:
   Mailing Address of Firm:
   City: Telephone:
   State: FAX:
   Zip Code: E-Mail:

8. **Private Placement Bond Purchaser (If Applicable)**
   Name of Firm:
   Name of Contact:
   Mailing Address of Firm:
   City: Telephone:
   State: FAX:
   Zip Code: E-Mail:

9. **Credit Enhancement Provider**
   Name of Firm:
   Name of Contact:
   Mailing Address of Firm:
   City: Telephone:
   State: FAX:
   Zip Code: E-Mail:

10. **Trustee**
    Name of Firm:
    Name of Contact:
    Mailing Address of Firm:
    City: Telephone:
    State: FAX:
    Zip Code: E-Mail:

11. **Other Participants**
    Name of Firm:
    Name of Contact:
    Mailing Address of Firm:
    City: Telephone:
    State: FAX:
    Zip Code: E-Mail:
Part 2 – Executive Summary & Bond Counsel Opinion

1. Please provide a short executive summary, as an exhibit, describing the company, its product(s), annual sales and the role of the proposed project. You may include any company literature or brochures in the exhibit. (Attach as Exhibit “A” – Executive Summary.)

2. Please provide a preliminary opinion from a qualified bond attorney stating the project meets the federal tax-exempt requirements for a manufacturing project. (Attach as Exhibit “B” – Bond Counsel Opinion.)

Part 3 – Allocation/Bond Issue Information

1. Amount of Allocation requested: $______________

2. Date of Inducement: ________________
   (Attach as Exhibit “C” – Copy of the Adopted Resolution.)

3. Date of TEFRA Hearing: ________________
   (Attach as Exhibit “D” – Copy of TEFRA Resolution or Certification from Applicant as to the date, time, location, and likely outcome of the public hearing and the approval of the issuance of bonds.)

4. Proposed date of bond issuance and proposed terms: Closing Date: ____________
   (Attach as Exhibit “E” – Copy of Issuance Terms.)

5. Will the bonds be fixed or variable rate: (please check)
   □ Fixed   □ Variable
   What is the anticipated rate? ____________

6. Will the bonds be sold in a public offering or private placement: (please check)
   □ Public Offering   □ Private Placement

7. Will the bond issuance be used to refund an outstanding issue: (please check)
   □ Yes   □ No

8. Briefly describe the credit enhancement structure or private placement transaction. Include at a minimum: 1) the construction or interim financing, if applicable; 2) the total amount; 3) closing deadline; 4) security/collateral provided; 5) guaranties; and 6) anticipated closing date. (Attach as Exhibit “F” – Credit Financing Description.) (Attach as Exhibit “G” – Copy of the Commitment Letter and/or additional information.)

9. Anticipated bond rating: ________________
### 10. Provide an explanation for the need for tax-exempt bonds:
(Attach as Exhibit “H” – Need for Tax-Exempt Bond Request.)

### 11. Provide explanations for the following:
- In the event the tax-exempt bond request is denied or reduced, what are the alternative financing arrangements?
- If the project does not receive an allocation of tax-exempt bonds, what is the likelihood that this project will be done?
(Attach as Exhibit “I” – Alternative Financing Terms.)

### 12. List all sources of financing for the project at completion:

<table>
<thead>
<tr>
<th>Source</th>
<th>Amount</th>
<th>% of Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tax-Exempt Bonds</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Taxable Bonds</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Equity Contribution</td>
<td></td>
<td></td>
</tr>
<tr>
<td>City/County Grant or Other Financial Assistance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (Deferral of Fees, etc.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Please be specific.</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Totals</strong></td>
<td>$</td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

## Part 4 – Project Sponsor Information

Please answer the following questions for both the **project sponsor (borrower)** and the **user of the facility**, if different.

### 1. Contact Information:

**Project Sponsor:**
- Official Business Name:
- Contact Person:
- Address/City/St/Zip:
- Telephone Number: FAX:
- E-mail:

**User:**
- Official Business Name:
- Contact Person:
- Address/City/St/Zip:
- Telephone Number: FAX:
- E-mail:
2. Any “doing business as” names:

   Project Sponsor: ____________________________ or □ Not Applicable
   User: ____________________________ or □ Not Applicable

3. Address of project sponsor’s headquarters, if different from address in “1” above:

   Address:
   City/St/Zip:

4. Other operating locations in Utah: ________________ or □ Not Applicable

5. The legal structure of the project sponsor:

   □ Corporation   □ Partnership   □ Sole Proprietorship   □ LLC
   □ Other – Please Specify: ____________________________

Complete the appropriate section(s) below:

Corporation:
   a. Officers of corporation (name and title):
     
   b. Major shareholders (10% or more):
     
   c. Date and place of incorporation:
     
   d. For publicly held corporations, please name the stock exchange on which the company is listed: ____________________________

     If traded over the counter or NASDAQ, please indicate: __________________

Partnership:
   a. Names and addresses of general and limited partners, and share of ownership.
     
   b. Date and name of partnership.

Sole Proprietorship:
   a. Name and address of proprietor.
     
   b. Date and place of establishment.

All Corporations, Partnerships and Sole Proprietorships Must Complete:

6. Federal Tax identification number for:
   Project Sponsor ____________________________ AND User ____________________________
7. Other tax-exempt financing currently outstanding, if any.

_________________________________________  OR  □ Not Applicable

8. If the project sponsor or user is an owner, subsidiary or affiliated directly or indirectly with any other business organization, indicate the relationship.

_________________________________________

9. Financial Statements of the project sponsor for the past three years. For public corporations provide the latest 10Ks; for private companies, the highest level (i.e. highest level refers to compilation or audited financial statements). (Attach as Exhibit “J” – Financial Statements.)

Legal Status of the Applicant and Project Sponsor (ALL MUST COMPLETE):

1. Has the applicant/project sponsor filed a bankruptcy or receivership case, had a bankruptcy or receivership action commenced action against it, defaulted on a loan or been foreclosed against in the past 10 years? If so explain.

   Applicant:  □ Yes  □ No  Project Sponsor:  □ Yes  □ No

   Explanation:

2. Is the applicant/project sponsor currently a party to, or been notified that it may become a party to, any civil litigation that may materially and adversely affect:
   a) The financial condition of the applicant’s business; or
   b) The project named in this application? If so, please explain.

   Applicant:  □ Yes  □ No  Project Sponsor:  □ Yes  □ No

   Explanation:

3. Have there been any administrative or civil settlements, decisions or judgments against the applicant/project sponsor within the past ten years that materially and adversely affected:
   a) The financial condition of the applicant’s business; or
   b) The project named in this application? If so, please explain and state the amount.

   Applicant:  □ Yes  □ No  Project Sponsor:  □ Yes  □ No

   Explanation and Amount:

4. Is the applicant/project sponsor currently subject to, or been notified that it may become subject to, any civil litigation, examination, or investigation by a local, state or federal licensing, accreditation or regulatory or enforcement agency? If so, please explain.
Applicant: ☐ Yes  ☐ No  Project Sponsor: ☐ Yes  ☐ No

Explanation:

5. In the past ten years, has the applicant/project sponsor been subject to any civil or administrative proceeding, examination or investigation by any of the following that resulted in a settlement, decision or judgment? If so, please explain.
   a). Local, state or federal licensing taxing accreditation agency;
   b). Local, state or federal taxing authority;
   c). Local state or federal regulatory or enforcement agency that resulted in a settlement, decision or judgment? If so, please explain.

Applicant: ☐ Yes  ☐ No  Project Sponsor: ☐ Yes  ☐ No

Explanation:

Criminal Matters (ALL MUST BE COMPLETED):

1. Is the applicant/project sponsor currently: a) a party to; b) the subject of; c) been notified that it may become a party to; or d) the subject of any criminal litigation, proceeding, charge, complaint, examination or investigation of any kind that could:
   a. Result in felony charges against the applicant/project sponsor?

Applicant: ☐ Yes  ☐ No  Project Sponsor: ☐ Yes  ☐ No

b. Result in misdemeanor charges against the applicant for matters relating to the applicant’s business?

Applicant: ☐ Yes  ☐ No  Project Sponsor: ☐ Yes  ☐ No

c. Result in criminal charges against the applicant for any financial fraud related crime?

Applicant: ☐ Yes  ☐ No  Project Sponsor: ☐ Yes  ☐ No

d. Materially affect the financial condition of the applicant’s business?

Applicant: ☐ Yes  ☐ No  Project Sponsor: ☐ Yes  ☐ No

2. Within the past ten years, has the applicant/project sponsor ever been convicted of a:
   a. Felony?

Applicant: ☐ Yes  ☐ No  Project Sponsor: ☐ Yes  ☐ No
b. Misdemeanor related to the conduct of the applicant’s business?

Applicant: ☐ Yes ☐ No  Project Sponsor: ☐ Yes ☐ No

c. Misdemeanor for any financial or fraud related crime?

Applicant: ☐ Yes ☐ No  Project Sponsor: ☐ Yes ☐ No

For any questions answered “yes,” please explain. (Attach as Exhibit “K” – Criminal Matters.)

Part 5 – PROJECT INFORMATION

1. Project Name:

2. Project Address:
City/County/Zip Code:

3. Detailed description of project sponsor’s products, types of customers, i.e., discount retailer, etc., specific companies sold to etc. (Attach as Exhibit “L” – Product Description.)

4. Description of present physical facilities including size and use of the facility, and any other pertinent information. (Attach as Exhibit “M” – Present Facility Description.)

5. Provide the following details on the proposed project site:
   a. Type of Project: ☐ New construction ☐ Acquisition/Rehab:
   b. Size of project site.
   c. Cost of property only:

6. Attach a description of the current improvements on the site, including condition of the site, current use and size. If the site is currently vacant, please describe the prior use. (Attach as Exhibit “N” – Site Improvements.)

7. Does the project sponsor currently own the site?

   ☐ Yes ☐ No

8. If project sponsor does not own the site, attach a description of escrow agreement or real estate purchase contract, options or other evidence of the project sponsor’s control of the site. (Attach as Exhibit “O” – Escrow Agreement.)

9. If the property was acquired from a related party, please explain.

10. Provide the following information for the Proposed Project Description. If available, attach photo(s) and/or blueprints of the project site and design. (Attach as Exhibit “P” – Proposed Project Description.)
a. Number of buildings.
b. Number of square feet to be constructed or renovated.
c. Use of the square feet. (Fill in table below.)
d. Type of equipment being purchased.
e. If possible, contracts of purchase or similar information.
f. Estimated time of construction/renovation. Include start and completion dates.
g. Principal products, uses and activities of the project.
h. Estimated useful life of the building and equipment.
i. Percentage of equipment purchased from Utah providers?
j. Estimated cost of equipment purchased from Utah providers?
k. If this is an acquisition/rehab project, please indicate the following:
   i. Age of the building(s).
   ii. Appraisal, if available.
   iii. Capital Needs Assessment, if available.

<table>
<thead>
<tr>
<th>Use</th>
<th>Size in Square Feet</th>
<th>Square Feet Percentage (%) of Building</th>
</tr>
</thead>
<tbody>
<tr>
<td>Manufacturing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Storage of Materials</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Storage of Finished Product</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Office</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Research</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lease to Other Party</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total Square Footage of Building(s)</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

11. Costs of the Project

Provide the total costs associated with the acquisition of the site and construction of the proposed project in the table below. Include any utilities and proposed machinery and equipment purchases. Separate costs based on their financing sources.

PLEASE NOTE THE FOLLOWING RESTRICTIONS:

- Only 25% of bond proceeds may be applied to the acquisition of land. This includes the demolition costs of any existing building(s).
- Warehouse space and other “non-core” items are ineligible, unless they are directly related to the manufacturing process and then are limited to 25% of the project cost.
- Issuance expenses paid from bond proceeds cannot exceed 2% of the face value of the bonds.
- Project costs may not include working capital, moving expenses, inventory assumption, repayment or refinancing of existing debt other than construction loans.
<table>
<thead>
<tr>
<th>Item</th>
<th>Amount Paid from PAB Bond Proceeds</th>
<th>Amount Paid from Other Sources</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acquisition of Land</td>
<td></td>
<td></td>
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<tr>
<td>Acquisition of Buildings</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fees &amp; Other Charges Related to Sale</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rehabilitation of Existing Building(s)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Site Preparation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Construction Cost of New Building(s)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Utility Connections</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Acquisition of Equipment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. New</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Used</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Installation Equipment Costs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. New</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Used</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Invoices</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Architect/Engineer</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Permits and Fees</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bond Issuance Expenses (including any discount)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Letter of Credit or Bond Insurance Fees</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interest during Construction</td>
<td></td>
<td></td>
</tr>
<tr>
<td>From:</td>
<td></td>
<td>To:</td>
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<tr>
<td>Interest Income during Construction</td>
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<tr>
<td>From:</td>
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<td>To:</td>
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<tr>
<td>Other: (Please Explain)</td>
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<td></td>
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<tr>
<td>Contingency: (Please Explain)</td>
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<td></td>
</tr>
<tr>
<td><strong>Total Costs Each Financing Source:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total Project Cost:</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

12. Indicate if construction and completion of the project will have any adverse environmental impact, including additional waste disposal.

☐ Yes  ☐ No     If yes, please explain.

13. Please estimate types and costs of new public services or infrastructure improvements required by the project, including utility upgrades and street improvement. Provide estimates. *(Attach as Exhibit “Q” – Infrastructure Costs.)*

**Relocation (complete only if there is relocation of employees):**

If the bond financing is required for the relocation of a facility attach documentation containing the following information in items 1 through 3. All information is required.

1. The relocation is due to one of the following:
   a. An inadequacy of the existing facility.
   b. A significant change in the company’s operations requiring a different location.
c. A building moratorium where the existing facility is located.
d. Expiration of the existing lease and proof that it cannot be renewed on
reasonable economic terms.
e. An economic need to move closer to the company’s customers or suppliers.
f. Inability to find adequate expansion space.
g. Other.

2. Will project sponsor or user retain current employees at the new facility? If so,
describe steps the company will take to mitigate the relocation effects on employees.

3. Is the relocation necessary to prevent the:
   a. Transfer of substantial operations to outside the state? □ Yes □ No

   b. Abandonment of substantial operations of the company? □ Yes □ No

For any question answered “yes,” please explain. (Attach as Exhibit “R” – Relocation
Information.)

Part 6 – PUBLIC BENEFIT

The primary criterion used to evaluate a proposed project is the public benefit it
generates. The principle benefit is employment followed by wages. While the initial
financial profits produced by the construction of the project are valuable, it is the long-
term contributions created by the operation of the facility that are most important.
Characteristics of the proposed site are reviewed in order to estimate the direct and
indirect advantages of the project. An area with lower incomes and employment will
profit more from a new facility than another region that is performing well economically.

Answer each of the following questions as it relates to this project:

1. Is the proposed project located in a community with an unemployment rate equal to
or greater than 125% of the statewide average? □ Yes □ No
2. Is the proposed project located in a community with a median household income
80% or less than the statewide average? □ Yes □ No
3. Is the proposed project located in a community that has been designated as a “hard
develop area for residential projects”? □ Yes □ No
4. Is the proposed project located in an Enterprise Zone or another Special Designation
Area? □ Yes □ No
5. Is the proposed project located in a community that has a poverty level equal to or
greater than the statewide average? □ Yes □ No

For any question answered “yes,” please explain. Attach supportive documentation.
(This information can usually be obtained from city and/or county economic
development offices.) (Attach as Exhibit “S” – Area Economic Development
Information.)
Job Creation

Using the charts below, provide the project sponsor’s or user’s current figures on employment and sales volume. Guesstimate what these figures will be upon completion of the project and two years after completion.

### Statewide Operations

<table>
<thead>
<tr>
<th></th>
<th>Current</th>
<th>Upon Completion</th>
<th>2 Years After Completion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Locations:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Sales Volume:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of Employees:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Payroll:</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Project Site

<table>
<thead>
<tr>
<th></th>
<th>Current</th>
<th>Upon Completion</th>
<th>2 Years After Completion</th>
</tr>
</thead>
<tbody>
<tr>
<td># of Employees</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Average Hourly Wage</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td># of Employees</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Average Hourly Wage</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td># of Employees</td>
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<tr>
<td>Average Hourly Wage</td>
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|                         |               |                 |                          |
| Total Employment:       |               |                 |                          |
| Management:             |               |                 |                          |
| Skilled:                |               |                 |                          |
| Semi-Skilled:           |               |                 |                          |
| Unskilled:              |               |                 |                          |
| Total Hourly Wages:     |               |                 |                          |

**Weighted Average Hourly Wage:**

### Other Public Benefits:

1. When completed, what will the annual property taxes be for the facility?

   $ ________________________

2. Will the company offer any on-site training?

   □ Yes  □ No

3. Will the company be involved with the local school district in providing job training to students?

   □ Yes  □ No

4. Will the company pay a percentage of the employee’s medical plan?

   □ Yes  □ No
5. Will the facility have an energy efficient design and construction?

☐ Yes  ☐ No

6. What percent of taxable bonds will be used to finance the project?

______________________%

7. Has the community (city, town or county) contributed any financial resources to the project?

☐ Yes  ☐ No

For any question answered “yes,” please explain. (Attach as Exhibit “T” – Other Public Benefits Information.)

Part 7 – APPLICATION EXHIBITS

Please use this checklist to ensure all necessary exhibits are attached for the Private Activity Bond Authority Board Manufacturing Facility Application. Incomplete applications are subject to disqualification and may not be considered for volume cap allocation. Make certain all exhibits are labeled correctly and stacked in alphabetically order. It is not necessary to separate exhibits with tabs, dividers, slip sheets, etc.

Please check the appropriate box for all application exhibits.

☐ Attached  ☐ N/A  Exhibit “A” – Executive Summary

☐ Attached  ☐ N/A  Exhibit “B” – Bond Counsel Opinion

☐ Attached  ☐ N/A  Exhibit “C” – Copy of the Adopted Resolution

☐ Attached  ☐ N/A  Exhibit “D” – Copy of TEFRA Resolution OR Certification from Applicant

☐ Attached  ☐ N/A  Exhibit “E” – Copy of Issuance Terms

☐ Attached  ☐ N/A  Exhibit “F” – Credit Financing Description

☐ Attached  ☐ N/A  Exhibit “G” – Copy of the Commitment Letter

☐ Attached  ☐ N/A  Exhibit “H” – Need for Tax-Exempt Bond Request

☐ Attached  ☐ N/A  Exhibit “I” – Alternative Financing Terms

☐ Attached  ☐ N/A  Exhibit “J” – Financial Statements
☐ Attached ☐ N/A  Exhibit “K” – Criminal Matters

☐ Attached ☐ N/A  Exhibit “L” – Product Description

☐ Attached ☐ N/A  Exhibit “M” – Present Facility Description

☐ Attached ☐ N/A  Exhibit “N” – Site Improvements

☐ Attached ☐ N/A  Exhibit “O” – Escrow Agreement

☐ Attached ☐ N/A  Exhibit “P” – Proposed Project Description

☐ Attached ☐ N/A  Exhibit “Q” – Infrastructure Costs

☐ Attached ☐ N/A  Exhibit “R” – Relocation Information

☐ Attached ☐ N/A  Exhibit “S” – Area Economic Development Information

☐ Attached ☐ N/A  Exhibit “T” – Other Public Benefits Information
Private Activity Bond Authority
CLAIM OF BUSINESS CONFIDENTIALITY REQUEST

Business Name: 
Street Address: 
City, State, Zip Code: 
Representative Making Request: 
Title: 
Telephone No.: 
E-mail Address: 
Name of Record: 
Description of Record: 

Pursuant to Utah Code Ann. §§ 63G-2-305(1)(2)(4)(8) and (9) and in accordance with Utah Code Ann. §§ 63G-2-309, the undersigned asserts a claim of business confidentiality to protect the attached information submitted.

The following Reasons support this claim for business confidentiality as it includes: 
(Please check ( ) all that apply.)


• Reason B: Commercial information or non-individual financial information as defined in Utah Code Ann. §§ 63G-2-305(2) and (4).

• Reason C: Real or personal property, including intellectual property information as defined in Utah Code Ann. §§ 63G-2-305(8) and (9).

Complete the following information listing the individual document(s), page and paragraph numbers, the Reason and an explanation that supports the claim of business confidentiality as it applies to the above named record.

<table>
<thead>
<tr>
<th>Document</th>
<th>Pg #</th>
<th>Prgrph #</th>
<th>Reason (A, B or C above, plus explanation)</th>
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Please use additional sheets if needed.

_________________________________________  _____________________________
Signature of Representative                      Date
Private Activity Bond Authority
REQUEST FOR PROTECTED RECORD STATUS

Business Name: 
Street Address: 
City, State, Zip Code: 
Representative Making Request: 
Title: 
Telephone No.: 
E-mail Address: 
Name of Record: 
Description of Record: 

I request the attached/enclosed record (information) provided to the Governor’s Office of Economic Development (GOED) or any of its’ Agencies (Divisions or Programs), be considered confidential and given protected status.

The following reasons support this request for protected record status: (Check (☒) all of that apply.)

☐ 1. The record provided is a trade secret (as defined in U.C.A. 13-24-2).

☐ 2. The record is commercial or non-individual financial information and disclosure of the information could reasonably be expected to result in unfair competitive injury to the provider of the information.

☐ 3. The record is commercial or non-individual information and disclosure of the information could reasonably be expected to impair the ability of GOED, or its’ agencies, to obtain necessary information in the future.

☐ 4. The record is commercial or non-individual financial information and the interest of the provider in prohibiting access to the information is greater than the interest of the public in obtaining access.

☐ 5. The record, if disclosed, would cause commercial injury or give a competitive advantage to a potential or actual competitor of a commercial project (as defined in U.C.A. 11-13-103(4).

☐ 6. The record identifies real property or the appraisal or estimated value of real property, including intellectual property.

☐ 7. The record prepared in contemplation of sale, exchange, lease, rental or other compensated transaction of real or personal property, including intellectual property, which, if disclosed prior to completion of the transaction, would reveal the appraisal or estimated value of the subject property, real property or the appraisal or estimated value of real property.

Notice: Records evidencing a final contract may not be classified protected under this section.

STATEMENT
A written statement supporting a business confidentiality claim is required, U.C.A. 63G-2-309(1)(a)). Use of a “Claim of Business Confidentiality Request” form detailing the reasons why the above named record should be given protected status is also acceptable.

NOTE: Claimant shall be notified if a record claimed to be protected is classified public or if the determination is made that the record should be disclosed because the interest favoring access outweigh the interest favoring restriction of access. Records claimed to be protected under this business confidentiality claim may not be disclosed, until the period to bring an appeal expires or the end of the appeals process, including judicial appeal (unless the claimant, after notice, has waived the claim by not appealing or intervening before the record committee). (U.C.A. 63G-2-309)

Signature of Representative __________________________ Date __________________________