

# Residential Care Facilities for the Elderly Authority of DeKalb County Bond Inducement Application Form

This information is necessary to process a request for a bond inducement from Residential Care Facilities for the Elderly Authority of DeKalb County. A bond inducement is a preliminary action of the Authority indicating the framework in which it is willing to further consider the request of the applicant and does not constitute final action or financing. Please fill in all of the blanks, using "none" or "not applicable" where necessary. Send an electronic file copy and two (2) printed complete copies of this application along with all other required documentation to the office of the Authority at least two weeks prior to the next scheduled Authority meeting, which are regularly scheduled for the second Thursday of each month.

**Note that the Authority serves as a conduit for financing and does not itself provide or arrange financing. The applicant must obtain an underwriter or lender and make arrangements for the financing satisfactory to the Authority; the Authority does not provide credit or credit support for bonds.**

## 1. APPLICANT INFORMATION:

### A. General Information

Name of Applicant Company	FEIN	Type of Organization (e.g. Nonprofit Corporation organized in Georgia)	
Address	City	State	Zip Code
Name and Title of Contact Person	Email	Telephone Number	
Is the Applicant or a parent company a member of the DeKalb Chamber of Commerce, or will it be joining?			

### B. Principal User Information (if different from applicant)

Name of Principal User Company	FEIN	Type of Organization (e.g. Nonprofit corporation organized in Delaware)	
Address	City	State	Zip Code
Name and Title of Contact Person	Email	Telephone Number	

### C. Other Users (and percentage of project anticipated to be utilized)

Name of Other User	Percentage to be Utilized
Name of Other User	Percentage to be Utilized

### D. Additional Contact Information (person responsible for on-going relationship with DeKalb County and the Authority regarding bonds and taxes)

Name and Title of Contact Person	Email	Telephone Number	
Address	City	State	Zip Code

## 2. PROJECT INFORMATION:

### A. Project Description

Principal User's General Nature of Business	
Business to be Conducted in DeKalb County	
<p>General Description of Proposed Project, including Location, Building Size, Equipment, Purpose, etc.            Address: _____</p> <p style="text-align: right;">Within City _____ Yes / _____ No            Within TAD _____ Yes / _____ No</p> <p>Estimated Cost Budget: (or attach a separate sheet)            Land:            Building:            Equipment:            Other (Describe):</p>	
Describe the years in which the investment will be made and amounts for each year	
Land Parcel ID No:	NAICS Code:
Is the Proposed Project a New Facility or an Expansion of an Existing Facility in DeKalb County (and explain)?	
Elaborate on why this Project could not proceed if Authority bonds were not issued:	

### B. Project Employment Information

Number of Current Employees Companywide	Number of Current Employees in DeKalb County
Number of New Jobs Expected in DeKalb County	Average Salary of New Jobs in DeKalb County
Number of Retained Jobs Expected in DeKalb County	Average Salary of Retained Jobs in DeKalb County

### 3. FINANCING INFORMATION:

#### A. Issue Size and Type

Proposed Amount of Issue	Type of Issue: 501(c)(3) <input type="checkbox"/> Taxable <input type="checkbox"/> Other (Describe) <input type="checkbox"/> _____
Description of Financing* <small>(Include anticipated rating, if any, and identify any proposed Lender or credit enhancer)</small>	Private or Public Offering? <small>(Authority Policy limits public offerings)</small>

#### B. Underwriter or Financial Advisor (if applicable)

Name			
Address	City	State	Zip Code
Name and Title of Contact Person	Email	Telephone Number	

#### C. Lender (if applicable)

Name of Lender Company			
Address	City	State	Zip Code
Name of Contact Person	Email	Telephone Number	

#### D. Bond Counsel (if selected)

Name of Bond Counsel			
Address	City	State	Zip Code
Name and Contact Person	Email	Telephone Number	

#### E. Applicant's Counsel

Name of Applicant's Counsel			
Address	City	State	Zip Code
Name of Contact Person	Email	Telephone Number	

#### 4. FEES AND EXPENSES

I understand the Authority charges: (a) at closing a minimum fee of 1/8 of 1% (.00125) of the total face amount of the bonds (\$2,500 for modifications to existing transactions); and (b) on each anniversary of the closing an annual minimum fee of four basis points (.0004) of the total authorized amount of the bonds, less scheduled principal retirements, at the beginning of the annual period. An additional fee applies to late payments. An exact schedule of Authority fee payments will be provided as part of the final bond issuance.

Applicant acknowledges that it is responsible for the payment of all fees and costs associated with this application and ensuing steps, including counsel fees for the Authority's counsel and other costs reasonably incurred by the Authority in proceeding with its bond issue for the Applicant's project. Whether or not the project closes, the bonds are sold, or for any reason the transaction terminates, Applicant will pay all reasonably incurred fees, costs, and expenses of the Authority and of its counsel. After review of this Inducement Application and from time to time thereafter, the Authority may require an advance deposit by the Applicant in order to ensure that such fees and costs are paid.

#### 5. ATTACHMENTS REQUIRED

The following items must be submitted with your application for bond assistance:

- A. Cover letter requesting action by the Authority including:
  - 1. Nature and description of project
  - 2. Project location or locations under consideration
  - 3. Project size and breakdown of estimated costs
  - 4. Number of jobs created or retained
  - 5. Salaries and job classifications
  - 6. How the project affects DeKalb County
  - 7. Why Development Authority participation is important to the project
  - 8. Other information you deem pertinent to the application
  
- B. Financial information including:
  - 1. Three (3) years of historical financial statements (audited preferred) for applicant or its parent company (if applicant is a new entity)
  - 2. Three (3) year pro-forma of the Project's operations
  - 3. A statement about financing the project and your relationship and status with the Lender and/or Underwriter (if applicable)
  - 4. Detailed Capital Budget for this Project
  
- C. Completed and Notarized O.C.G.A. § 50-36-1(e)(2) Affidavit (form attached hereto) of a principal of the applicant, and a copy of the principal's driver's license or alternate verifiable identification
  
- D. Check for fees (see below)

Return an electronic file copy and two (2) complete printed copies along with all other required documentation and a check for the \$3,000 fee to the office of the Authority at least two weeks prior to the next scheduled Authority meeting, which is regularly scheduled for the second Thursday of each month. Please forward all information to Mr. Dorian DeBarr, Residential Care Facilities for the Elderly Authority of DeKalb County, Two Decatur Down Center, 125 Clairemont Avenue, Suite 150, Decatur, Georgia 30030, [ddebarr@decidedekalb.com](mailto:ddebarr@decidedekalb.com).

**NOTICE: Any information provided to the Authority or its staff is subject to mandatory disclosure upon request under the provisions of the Georgia Open Records Act or other applicable laws. The proceedings of the Authority are also open to the public under the Georgia Open Meetings Law. DO NOT PROVIDE TRADE SECRETS OR OTHER CONFIDENTIAL INFORMATION TO THE AUTHORITY OR ITS STAFF, LEST THEY BE DISCLOSED. If the answer to a question or requested material for the application involves confidential information, discuss the matter with the Authority's counsel. If it necessary to provide information that constitutes a trade secret (the "Confidential Information") to the Authority, pursuant to O.C.G.A. § 50-18-72(a)(34), you may include with such Confidential Information an affidavit affirmatively declaring that specific Confidential Information constitutes a**

trade secret in accordance with O.C.G.A. § 10-1-27 (the "Trade Secret Affidavit"). Please be advised that the Authority must follow the provisions of O.C.G.A. § 50-18-72(a)(34) when responding to an Open Records request with respect to the Confidential Information. The Authority and its staff may treat any information provided to it and not specified as Confidential Information in the Trade Secret Affidavit or information that it determines does not constitute a trade secret as non-confidential and not constituting a trade secret.

## 6. APPLICANT'S ACKNOWLEDGMENT

The Applicant has reviewed this Application and the charges and other requirements stated herein as well as made general inquiry as to the Authority's bond inducement and issuance process, and hereby acknowledges that it understands these matters. Further, the Applicant is providing all the information requested and listed on the Authority's Project Check List (see below). Also enclosed with this Application is the required processing fee of \$3,000.00 which is payable to Residential Care Facilities for the Elderly Authority of DeKalb County, and this fee is non-refundable in any and all events. The Applicant acknowledges that this fee serves to offset the costs of the Authority in reviewing and processing this Application. The Applicant further acknowledges that it is the responsibility of the Applicant to review with Applicant's counsel and Bond Counsel all filing requirements, deadline dates, IRS information, returns and payments, filing dates, and any and all related matters pertinent to this Application and the bonds that may be issued, and that Applicant hereby undertakes such responsibility and fully releases the Authority from any and all responsibility and liability related to such information and actions.

The Applicant further acknowledges that the Authority serves as a conduit for financing and does not itself provide or arrange financing. The Applicant further acknowledges that it must obtain an underwriter or lender and make arrangements for the financing satisfactory to the Authority and that the Authority does not provide credit or credit support for bonds.

Company Name: \_\_\_\_\_

Submitted by: \_\_\_\_\_  
(Authorized Company Officer Signature)

By: \_\_\_\_\_  
(Print Name and Title)

Any inquiries may be directed to the following persons:

Dorian DeBarr, Senior Vice President/CFO	404.687.2730
James P. Monacell, Counsel to the Authority	404.815.3555

## APPLICATION CHECKLIST

Explanatory letter requesting action by the Authority including:

1. Nature and description of project
2. Project location or locations under consideration
3. Project size and breakdown of estimated costs
4. Number of jobs created or saved
5. Salaries and job classifications
6. How the project affects DeKalb County
7. Why Development Authority participation is important to the project
8. Other information you deem pertinent to the Application

Financial information including:

1. Three (3) years of historical financial statements (audited preferred) for applicant or its parent company (if applicant is a new entity)
2. Three (3) year pro-forma of the project's operations
3. A statement about financing the project and your relationship and status with the Lender and/or Underwriter (if applicable)
4. Detailed Capital Budget for this Project
5. Other financial information you deem pertinent

Completed and notarized O.C.G.A. § 50-36-1(e)(2) Affidavit (form attached hereto) of a principal of the applicant, and a copy of the principal's driver's license or alternate verifiable identification

Check for \$3,000 application fee

An electronic file copy and two (2) complete printed sets of the Application Materials must be provided to the Authority at least two weeks prior to the next scheduled Authority meeting, which is regularly scheduled for the second Thursday of each month.

Please forward all information to:

Dorian DeBarr, Senior Vice President/CFO  
Residential Care Facilities for the Elderly Authority of DeKalb County  
Two Decatur Town Center  
125 Clairemont Avenue, Suite 150  
Decatur, Georgia 30030  
ddebarr@decidedekalb.com

**O.C.G.A. § 50-36-1(e)(2) Affidavit**  
(Complete, sign, notarize and submit with Application)

By executing this affidavit under oath, as an officer as indicated below for an applicant for a financing Residential Care Facilities for the Elderly Authority of DeKalb County, the undersigned verifies one of the following with respect to the application:

- 1) \_\_\_\_\_ I am a United States citizen.
- 2) \_\_\_\_\_ I am a legal permanent resident of the United States.
- 3) \_\_\_\_\_ I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency.

My alien number issued by the Department of Homeland Security or other federal immigration agency is: \_\_\_\_\_  
\_\_\_\_\_.

The undersigned also hereby verifies that he or she is 18 years of age or older and has provided a copy of at least one secure and verifiable document, as required by O.C.G.A. § 50-36-1(e)(1), with this affidavit.

The secure and verifiable document provided with this affidavit can best be classified as:

- Driver's License
- Other (describe): \_\_\_\_\_

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. § 16-10-20, and face criminal penalties as allowed by such criminal statute.

Executed in \_\_\_\_\_ (city), \_\_\_\_\_ (state).

SUBSCRIBED AND SWORN BEFORE  
ME ON THIS THE \_\_\_\_\_ DAY OF  
\_\_\_\_\_, 201\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

My Commission Expires:

[NOTARY SEAL]

\_\_\_\_\_  
Signature of Officer of Applicant

\_\_\_\_\_  
Printed Name of Person Signing

\_\_\_\_\_  
Name of Applicant Company

\_\_\_\_\_  
State of Organization of Applicant Company