

LOUISIANA PUBLIC FACILITIES AUTHORITY

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PROJECT APPLICATION PACKET

BOARD OF TRUSTEES

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Revised: April 2024



Application



1	Name of Project:				
2	Project Address:				
	(a) Municipal Address (Please use the actual physical address (number and street) for facility. Do <i>not</i> 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:					
	(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:
]	Project Principals:
_	Name:
	Address:
	Name:
	Address:
	Name:
	Address:
1	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:				
enabl Comn	ollowing information must be supplied upon presentation of this Application Packet to e the Authority to provide information as required by the Louisiana State Bond nission to the area legislators. Legislative notification must be prepared by the Authority st five days prior to the Meeting of the Louisiana Public Facilities Authority Board of ees.				
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:
	Signature:
	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	\$	
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	\$