



OHIO DEPARTMENT OF TRANSPORTATION
State Infrastructure Bank
Initial Project Application

1. BORROWER INFORMATION

Legal Name

Street Address

City County Zip Code

Contact Person Title

Telephone Number Fax Number Email Address

2. PROJECT MANAGER CONTACT

Contact Person Title

Telephone Number Fax Number Email Address

3. GUARANTOR INFORMATION (if different from above Borrower Information)

Legal Name

Street Address

City County Zip Code

Contact Person Title

Telephone Number Fax Number Email Address

4. PROJECT INFORMATION

A. General Information

Project Name: _____

County-Route-Section: _____

PID #: _____

Location of Project: _____

City/Village/Township: _____

Estimated Construction Start Date: [Click here to enter a date.](#)

Estimated Completion Date: [Click here to enter a date.](#)

B: Type of Project:

- Highway New
 Reconstruction
 Preservation

- Local Rail Aviation
 Intermodal Transit Other (Specify): _____

C. System Identification (Functional Classification) of the Roadway:

- Federal Road State Road
 Local Road Other (Specify): _____

D. Functional classification of the Roadway: 1

[To determine classification please follow this link](#)

E. Is this project included in the:

- Transportation Improvement Plan (TIP) TIP # : _____
 State Transportation Improvement Plan (STIP) STIP #: _____
 Transportation Review Advisory Committee
TRAC Funding: _____
Date request submitted to TRAC: [Click here to enter a date.](#)
TRAC Approved Date: [Click here to enter a date.](#)
Contact Person: _____

F. Is this loan to be repaid with federal funds? If so please identify source:

MPO

CEAO

Large City

G. Detailed description of the project (attach map):

H. Status of Project Planning

	Completed:	Date:
Technical Feasibility Study	<input type="radio"/> Yes <input type="radio"/> No	Click here to enter a date.
Preliminary Design/Engineering	<input type="radio"/> Yes <input type="radio"/> No	Click here to enter a date.
Major Investment Study	<input type="radio"/> Yes <input type="radio"/> No	Click here to enter a date.
Traffic Study	<input type="radio"/> Yes <input type="radio"/> No	Click here to enter a date.
Final Design	<input type="radio"/> Yes <input type="radio"/> No	Click here to enter a date.
Environmental Clearance	<input type="radio"/> Yes <input type="radio"/> No	Click here to enter a date.
Right of Way Acquisition	<input type="radio"/> Yes <input type="radio"/> No	Click here to enter a date.

Project Status (brief description):

5. PROJECT FINANCING REQUEST

LOAN

BOND

[Click here for Bond/Loan Matrix](#)

Project Sources & Uses

SOURCES

	<u>AMOUNT</u>
A. SIB Request	\$ _____
B.	\$ _____
C.	\$ _____
D.	\$ _____
E.	\$ _____
TOTAL SOURCES	\$ _____

USES

	<u>AMOUNT</u>
A. Preliminary Engineering	\$ _____
B. Environmental	\$ _____
C. Right-of-Way Acquisition	\$ _____
D. Construction (Specify)	\$ _____
E. Other	\$ _____
F. Other	\$ _____
TOTAL USES	\$ _____

Term of SIB Loan or Bond Requested

(Loan, 1 - 20 years), (Bond, 1 – 25 years)

Estimated Initial drawdown of SIB funds

Estimated last disbursement date of SIB funds:

Note: Date can not exceed one year past completion date (Reference to question 4A)

Please provide a detailed breakdown of the Sources & Uses of Funds:

<u>Uses (1)</u>	<u>Date Mo/Yr (2)</u>	<u>Sources (3)</u>					<u>Total</u>
		1. SIB	2.	3.	4.	5.	
Preliminary Eng.			\$	\$	\$	\$	\$
Environmental			\$	\$	\$	\$	\$
Right of Way		\$	\$	\$	\$	\$	\$
Construction		\$	\$	\$	\$	\$	\$
Other		\$	\$	\$	\$	\$	\$
Other		\$	\$	\$	\$	\$	\$
TOTAL		\$	\$	\$	\$	\$	\$

(1) Uses are the same as specified in Section 5 above.

(2) Provide the date when each event will first occur.

(3) Sources are the same as specified in Section 5 above.

6. DEDICATED REPAYMENT SOURCE FOR SIB LOAN:

Please list the specific sources of revenue you intend to pledge to repay the SIB loan and provide evidence, if available, of these revenues, i.e. financial statements highlighting applicable revenues. Examples of revenue sources include but are not limited to, Tax-Increment Payments, State Gas Tax, Vehicle Registration Fees, Tolls, Private Donations, Local Sales Tax, Non-Tax Revenues, General Obligation, Grants, etc.

Repayment Source (Specify)	Historical Annual Average (Received)		Projected Annual Average (Expected)		
	Past 2 Years		Year 1	Year 2	Year 3
	\$	\$	\$	\$	\$
Total Revenue Source	\$	\$	\$	\$	\$

Does the applicant have any outstanding debt secured by the repayment source? Yes No
 If yes, please specify the debt and amount: _____

7. APPLICATION DOCUMENTATION CHECKLIST

- Project Map Yes No
- Legislation passed by local entity Yes No
- Evidence of Bond Rating Yes No
 Bond Rating: _____
- Approved letter from grantor if a grant is noted as a project funding source Yes No
- Audited Financial Statements (2 years) Yes No
- Proof of Environmental Clearance Yes No
- Projected Construction Disbursement Schedule Yes No

8. SIGNATURES

A completed Initial Project Application and all applicable attachments may be submitted to the following for initiation of the approval process:

Brenna Smathers
State Infrastructure Bank
Ohio Department of Transportation
1980 West Broad Street
Columbus, Ohio 43223
(614) 752-0416
(614) 887-4117 fax
<http://www.dot.state.oh.us/Divisions/Finance/Pages/StateInfrastructureBank.aspx>

Please sign and return to the address above.

Applicant/Borrower Signature *

Applicant/Borrower Printed Name

Title of person signing application

Date

* The representative signing this application must be authorized by law to bind the borrower to an agreement