

LOUISIANA STATE BOND COMMISSION TAX INCREMENT FINANCING

Instructions: Complete all required fields, which are indicated by *. If space is inadequate to complete response, use "Additional Information" area on pg. 2, enter item number and remainder of response. To retain an electronic version of the application form, use "Save As" option under File menu on Internet browser toolbar. Once the form is saved it can only be modified with Adobe Writer. For any questions call (225) 342-0040.

1. Applicant *			
Contact Name *		Phone Number *	
Email Address *			
2. Tax Basis: * Ad Valorem (Sales Local	Other (Specify on page 2)	
Mills or % Utilized as Basis * Existing Base (\$)	Prior to TIF * Projected Increase (\$) * \$ Cap *	Pledge Duration *
3. TIF Citation *			
4. Debt Associated with TIF * Yes N	Jo		
5. Cooperative Endeavor / Agreement			
Parties *			
Date of Execution *			
6. TIF District Involved * No Yes			
If Yes, * Created by Election Election	on Date Creat	ed by Governing Authority [Date
Goals / Purposes *			
Geographical Boundaries *			
7. Project Specific			
Beneficiary *			
Management Team / Participants *			
Improvements to be Funded *			
Location *			

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•	y Prepared * No Yes					
If No , explain	why study not prepared.					
If Yes , identify	<i>y</i> :					
Prepare	er				Date Completed	
Sales &	Property Value Assumptions					
9. Economic Impa	ct * Number of Jobs to be C	Created		Expecte	ed payroll	
	Benefits to be Derived	by State				
	Projected Revenues of	Out-of-State Cu	stomers			
Submitted by: *					Date Submitted *	
Economic Impac	t / Feasibility Study Complet correments Pledged - Provide	ed - Submit a co	ору.	on the Budget (JLCE	3) approval.	
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