

COMMONWEALTH OF VIRGINIA

DATE: _____

Master Equipment Leasing Program

Financing Request Certificate No. _____

AGENCY NAME/ #: _____

ADDRESS: _____

AGENCY CONTACT/TITLE: _____

CONTACT PHONE #: _____

EMAIL ADDRESS: _____

AMOUNT:

Equipment Cost: _____

Down Payment or Trade-in, if any _____

Amount to be Financed: _____

TAX-EXEMPT OR TAXABLE FINANCING:

FINANCING TERM REQUESTED (3, 5, 7 or 10 Yrs) _____ Expected Financing Date: _____

PAYMENT REQUESTED (Monthly, Semiannually or Annually) _____

DOES THE AGENCY PLAN TO PAY FOR THE PROJECT AND SEEK A REIMBURSEMENT FINANCING? _____

This Financing Request Certificate will be deemed a Declaration of Official Intent based on regulations in 26 CFR Section 1.150-2 (the "IRS Regulations"). Therefore, if an Agency plan to seek a reimbursement financing, this section must be completed.

AGENCY REPRESENTATIVE

By: _____
(Signature)

Name: _____
(Printed)

Title: _____

EQUIPMENT:

Complete Project Description (non-technical description), including whether the equipment is new or used.

Why is the proposed project needed? Is proposed project replacement project? If so, specify age of being replaced.

Where will the project be located?

What function does project perform? What is the essential use? What are the main features of the project that are important to the agency?

Please attach a copy of the project justification, cost/benefit analysis or feasibility study if one was prepared.

First year payment appropriated? Yes _____ No _____ - Explain _____

An authorized representative from Banc of America Public Capital Corp must complete this section.

Signature of authorized representative Date **APPROVED BY (Banc of America Public Capital Corp)**

Signature of authorized representative Date **DECLINED BY (Banc of America Public Capital Corp)**