

**EXHIBIT A**

**APPLICATION FOR CLARK COUNTY, NEVADA  
ECONOMIC DEVELOPMENT REVENUE BONDS OR PRIVATE ACTIVITY  
BOND VOLUME CAP**

- A. Beneficiary Information: Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
  
Email: \_\_\_\_\_
- B. Proposed Underwriter: Company Name: \_\_\_\_\_  
  
Address: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
  
Email: \_\_\_\_\_
- C. Brief Description of Project. Include address or other description of location, type of project (e.g., "multi-family" housing, "single-family" housing, manufacturing), size, scope and intended clientele of the Project. If Project is for affordable housing, specify what percent of the units will be set aside for individuals of low income and at what AMI levels:  
  
\_\_\_\_\_  
\_\_\_\_\_
- D. Amount of Bonds proposed to be issued: \$ \_\_\_\_\_  
Amount of Volume Cap requested from Clark County: \$ \_\_\_\_\_
- E.\* Please provide below or in an attachment, evidence that the Project will serve one or more of the purposes set forth in NRS 244A.695:  
  
\_\_\_\_\_  
\_\_\_\_\_
- F.\* Please attach evidence (e.g., project budget, construction contract) of the amount of money necessary to be provided from bonds for the Project.
- G.\* Does the Beneficiary or guarantor of the Bonds have a 5-year operating history? \_\_\_\_\_. If "yes", please attach the 5-year operating history. If "no", State Board of Finance approval is required before bonds can be issued.
- H. What rating do you anticipate all of the bonds will have: \_\_\_\_\_. Is the rating based on the general credit of the Beneficiary? \_\_\_\_\_. If yes, does the Beneficiary currently have debt obligations outstanding secured by its credit which are rated?

\_\_\_\_\_. What is the rating? \_\_\_\_\_. If it is anticipated that the Bonds will be rated based on the credit rating of an enterprise which guarantees the payment of principal and interest on the Bonds, please provide the name, address and telephone number of a contact person at that enterprise: \_\_\_\_\_,

\_\_\_\_\_, Phone \_\_\_\_\_. Does that enterprise have outstanding obligations which are rated? \_\_\_\_\_. If "yes", what is that rating? \_\_\_\_\_.

Evidence (e.g., rating letters or press releases from, or excerpts from ratings books published by S&P Global Ratings or Moody's) of the rating of the Beneficiary or other enterprise which will guarantee the payment of principal and interest on the Bonds must be attached to this application (the County will only issue or allocate volume cap to bonds that are investment grade -- i.e., rated in the top four rating categories by S&P Global Ratings or Moody's), except for applications for volume cap for a manufacturing project that will be transferred to another entity that will issue the bonds, or for approval of State findings with respect to State bonds. If rated by both S&P Global Ratings and Moody's, please attach a copy of rating materials from both agencies.

- I. Please attach evidence (e.g., annual reports, audited financial statements, a feasibility study, commitment for a Letter of Credit, etc.) that the Beneficiary has sufficient financial resources to place the Project in operation and to continue its operation, meeting its obligations to pay the Bonds. For housing projects that will be financed with bonds issued by the County or with bonds that the County requests that the State issue, the Beneficiary must agree to provide the County with monies for the County to fund a feasibility study. If a Letter of Credit or other guarantee is to secure the Bonds, a commitment letter or a letter from the institution that will issue the letter of credit or guarantee the bonds which lists the conditions which must be met before the letter of credit or guarantee is issued must accompany the application.
- J. Please attach a letter from the underwriter or other proposed buyer of the Bonds indicating a commitment to underwrite or purchase the Bonds.
- K. Are all necessary zoning and land use approvals for the project in place? \_\_\_\_\_. Are there any impediments to obtaining a building permit to commence construction of the Project? \_\_\_\_\_. If 'yes', please explain.

\_\_\_\_\_  
\_\_\_\_\_. Evidence (e.g., copies of permits and zoning approval resolutions) that all required governmental land use approvals (including any zoning or special use permit approvals) for the Project must be attached.

- L. Is the Project located in an incorporated city? \_\_\_\_\_. If "yes", a signed or certified copy of a resolution adopted by the City Council of the City stating the City's support for the Project and, if an allocation of volume cap is needed, allocating a portion of the City's volume cap to the Project must be attached.
- M. If an allocation of volume cap is requested, please provide the following information:

1. The contribution of the Project to meeting needs in the County for affordable housing for:

a) Special needs populations described in the County's Guidelines:

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b) Low and moderate income population:

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2. Quantity and quality of jobs created by the proposed Project (do not complete for housing projects):

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3. Briefly state the contribution of the Project to economic diversification within the County (do not complete for housing projects):

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4. Briefly state the impact of the Project on the County's tax base:

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5. Provide a brief description of the benefit to the County and its citizens from the Project:

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6. Please state the amount and source of any allocation or proposed allocation of volume cap to the Project from any other entity. Please indicate whether or not this volume cap has already been allocated or is to be allocated.

Volume Cap expected from State of Nevada: Total: \$\_\_\_\_\_ ; Amount allocated before date of this application: \$\_\_\_\_\_ ; Amount to be allocated: \$\_\_\_\_\_.

Volume Cap expected from \_\_\_\_\_ : Total: \$\_\_\_\_\_ ; Amount allocated before date of this application: \$\_\_\_\_\_ ; Amount to be allocated: \$\_\_\_\_\_.

Volume Cap expected from \_\_\_\_\_ : Total: \$\_\_\_\_\_ ; Amount allocated before date of this application: \$\_\_\_\_\_ ; Amount to be allocated: \$\_\_\_\_\_.

7. Please provide a brief description of the effect of the Project on the County's environment and natural resources:

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8. Please state the amount of volume cap required to be allocated to the Project for it to be economically viable. \$\_\_\_\_\_. To the extent volume cap is requested from entities other than the County, state your assessment of the likelihood that the amount of volume cap needed for the Project to be economically viable can be obtained: \_\_\_\_\_.

N. Will the State Housing Finance Division or State Department of Business and Industry be the issuer of the Bonds or the source of any volume cap proposed to be allocated to the Bonds? \_\_\_\_\_. **If "yes", please attach an executed copy of the application submitted to the State and a copy of all information required by the State to be submitted with the application. The application to the State must have been made before or simultaneously with submitting this application to the County.**

O.\* If the Bonds are housing Bonds to be issued by the County, please attach a letter from the underwriter or other proposed buyer for the Bonds certifying that the Bonds will not be sold to more than 10 investors, each of whom will certify that each such investor has a net worth or \$500,000 or more and is purchasing the Bonds for investment and not for resale.

No application fee is required for housing projects. For non-housing project, enclosed is a non-refundable application fee of \$3,000 payable to Clark County, Nevada. The undersigned hereby commits to pay any additional expenses of the County and its consultants incurred in connection with processing the application.

The undersigned and its bond and other counsel have reviewed the procedural requirements of the County's guidelines in Section 6 thereof to the extent applicable and will furnish a copy of those requirements to all attorneys, accountants and consultants involved in the transaction. The undersigned hereby certifies that they have reviewed the foregoing application and the County's private activity bond and volume cap policy and guidelines and to the best knowledge of the undersigned, this application complies with the requirements of those guidelines.

Dated \_\_\_\_\_, \_\_\_\_\_

Beneficiary

\_\_\_\_\_  
By: \_\_\_\_\_

Title: \_\_\_\_\_

\* Need not be completed if this application only for a transfer of volume cap to another entity, or for approvals of State findings.