

**DEPARTMENT OF LOCAL GOVERNMENT FINANCE
LOCAL GOVERNMENT TAX CONTROL BOARD
HEARING INFORMATION SHEET**

General Obligation Bond/Lease Rental

UNIT NAME _____ **COUNTY** _____
POPULATION _____ **POPULATION** _____

Complete all sections of this Information Sheet to expedite review of your request. Incomplete submissions will be returned. Returned forms will require the unit to again petition the Department of Local Government Finance for consideration.

Requesting approval of:

<u>Amount</u>		<u>Term (Years)</u>
\$ _____	General Obligation Bond: IC 6-1.1-20	_____
\$ _____	Lease Rental Agreement: IC 36-1-10	_____
\$ _____	Other Bonds: IC	_____
\$ _____	Other Lease: IC	_____

1. Is this a "design-build" project? (Check one) Yes No
2. Is there a guaranteed energy saving contract with this project? (Check one) Yes No
3. Is this issue taxable or tax exempt ?
4. Is this a controlled project? (Check one) Yes No

If No, explain: _____

5. Is a common construction wage applicable to this project? (Check one) Yes No

If No, explain: _____

6. Is a tax rate anticipated to repay the debt? (Check one) Yes No

If No, explain: _____

7. What is the estimated tax rate impact based on the maximum annual debt payment? (Complete the following. If this is a property tax back, please calculate the rate that would be needed if a debt service fund were to be created.)

- | | |
|--|-----------------|
| a) First Year of Repayment Requiring Rate: | 20____ Pay ____ |
| b) Estimated Assessed Value | _____ |
| c) Maximum Annual Payment | _____ |
| d) Less Estimated Excise Tax | _____ |
| e) Less Estimated Financial Institutions Tax | _____ |
| f) Less new operating revenues* | _____ |
| g) Less contributions from other funds* | _____ |
| h) Estimated Levy (c-d-e-f-g)* | _____ |
| i) Estimated Tax Rate (h ÷ b/100) | _____ |

*** Do not include f & g if revenues are pledged to cover operating costs.**

Rate Impact Data (List All Funds)

Fund	DLGF Current Year Approved Tax Rates 20__	Anticipated Rates First Year of Repayment 20__	Anticipated Rates Maximum Year of Repayment 20__
General			
Debt Service			
TOTAL			

8. If no tax rate impact is anticipated due to an increase in assessed valuation and/or debt retirement provide a schedule indicating the unit's estimates for the term of the loan.

9. Were the terms of financing openly discussed at public meetings? (Check one) Yes No

Date(s) of public meetings _____

10. Will this issue in any way result in an appeal to increase the levy limitations under IC 6-1.1-18.5-12?
(Check one) Yes No

If Yes, please explain: _____

11. State the purpose(s) of the project(s). (Attach a separate page, if necessary): _____

12. What is the total current tax rate of the district (including schools, county, etc.)? _____

13. What is the proposed tax rate increase as a percent of the districts total current tax rate? _____

IMPACT ON ANNUAL OPERATING BUDGET:

ESTIMATED ANNUAL OPERATING COSTS

<i>Operating Budget Fund</i> _____	20__	20__	20__
Personal Services (including fringes)			
Supplies			
Utilities			
Maintenance			
Equipment			
Other			
Total			

What is the source of funding? _____

Notes:

1. Personal services – If additional staff are needed to operate and maintain the facility, estimate the budget for fulltime and part-time employees. Include additional amounts for social security (7.65%), and your units contribution percent for PERF. Most units also anticipate amounts needed for unemployment insurance and workman’s compensation. Health insurance premiums are also included in personal services.
2. Supplies – Additional supplies may be required to operate a facility during the normal operations. Examples are office supplies and cleaning supplies.
3. Utilities – This includes the estimated cost of heating, cooling, water, sewer, electric, etc.
4. Maintenance – The cost of maintaining the facility under normal operating conditions. This should include everyday housekeeping and cleaning, and well as amounts for minor repairs.
5. Equipment – This is an estimate for normal annual equipment replacement, including furniture, machinery, and office equipment.

ESTIMATED ANNUAL OPERATING SAVINGS (1)

<i>Operating Budget Fund</i> _____	20__	20__	20__
Personal Services (including fringes)			
Supplies			
Utilities			
Maintenance			
Equipment			
Other			
Total			
<i>Revenues:</i>			
Proceeds from sale (2)			
Rental income			
Fees generated			
Other			
Total New Revenues			

1. Include savings from closing/replacing an older, less efficient facility.
2. Indicate the proceeds from sale of facility if the unit plans to sell the facility when the new project becomes operational and available for use.

TOTAL PROJECT COST (ALL BUILDINGS)

COST OF CONSTRUCTION	Bond Proceeds	Construction Funds	Local Funds	Total Cost
Construction Costs				
Clerk of the Works				
Construction Management * _____%				
General Conditions				
Contingencies * _____%				
Other				
SUB TOTAL COST OF CONSTRUCTION				

PROFESSIONAL FEES	Bond Proceeds	Construction Funds	Local Funds	Total Cost
Architect Fees * _____%				
Soil Testing				
SUB TOTAL PROFESSIONAL FEES				

LAND, BUILDING & EQUIPMENT	Bond Proceeds	Construction Funds	Local Funds	Total Cost
Land Cost				
Building Costs				
Demolition				
Loose Equipment (List separately)				
Technology Equipment (List separately)				
Other				
SUB TOTAL LAND, BUILDING, & EQUIP.				

OTHER PROJECT COSTS	Bond Proceeds	Construction Funds	Local Funds	Total Cost
Builders Risk Insurance				
Title Insurance				
Contingencies * _____%				
Other				
SUB TOTAL OTHER PROJECT COSTS				

COST OF FINANCING	Holding Corp. or Bond Proceeds	Construction Funds	Local Funds	Total Cost
Attorney Fees * _____ %				
Bond Counsel * _____ %				
Financial Advisor * _____ %				
Underwriter's Fee * _____ %				
Trustees Fee * _____ %				
Off. Statement & Ratings				
Bond Printing				
Legal Advertising				
Other				
Interest during construction ** __ Months @ _____ %				
SUB TOTAL FINANCING				
TOTAL PROJECT COST				

* Expressed as a percentage of total project cost.

** Net of anticipated interest from investments.

PROJECT DESCRIPTION

On a separate attachment, please provide a detailed project description (maximum length 3 pages). Included with the attachment should be a copy of the schematic design for the building(s) under consideration.

After bids are awarded, please provide a revised hearing information sheet to the DLGF within 30 days.

Will the land or facility be available to the community for any other purpose? Yes No

If the land or facility is used by the community for other purposes, will a fee be imposed?

Yes No If yes, for what purpose will the fee be used? _____

Does the unit plan to purchase additional acreage as a part of this project? Yes No

If yes, how much acreage will be purchased? _____

What is the price per acre? _____

What is the total acreage presently owned by the unit? _____

How much of the acreage is currently being used? _____

Is any portion of the acreage identified for future planned facilities? Explain _____

PROJECT COST OF AN INDIVIDUAL BUILDING

(Attach a separate page for each building)

BUILDING NAME: _____

BUILDING USE: _____

- a) *New construction includes any new facilities that previously did not exist.*
- b) *Additions to existing construction include a new addition to an existing facility.*
- c) *Remodeling of an existing structure includes structures that exist and will have renovations/remodeling but NO new addition.*
- d) *If an addition is part of a remodeling project separate the square footage of the addition and the square footage of the area to be remodeled.*

New Construction: _____ square feet Cost per square foot \$ _____ (Total Construction Costs/Sq. Ft.)

Addition: _____ square feet Cost per square foot \$ _____ (Total Construction Costs/Sq. Ft.)

(square feet of original structure prior to addition = _____)

Remodeling: _____ square feet Cost per square foot \$ _____ (Total Construction Costs/Sq. Ft.)

Total Project Costs _____ square feet Cost per square foot \$ _____ (Total Project Costs/Sq. Ft.)

COST OF CONSTRUCTION	Holding Corp. or Bond Proceeds	Construction Funds	Local Funds	Total Cost
Construction Costs				
General Conditions				
Clerk of the Works				
Construction Management				
Contingencies				
TOTAL CONSTRUCTION COSTS				
Land or Building Costs				
Demolition Costs				
Soil Testing				
Loose Equipment ¹				
Builders Risk Insurance				
Title Insurance				
Other ²				
TOTAL PROJECT COSTS				

1. Detail items and costs for "Loose Equipment". (Attach a separate sheet if necessary):

2. Explain "Other". (Attach a separate sheet if necessary.):

3. What is the primary construction material? _____

FUNDING INFORMATION

Funds Provided From:

General Obligation Bond	\$ _____
Lease Rental	\$ _____
Other (local funds, grants, or other)	\$ _____

Local Funds (list separately):

FUND	AMOUNT
	\$
	\$
	\$
TOTAL AMOUNT:	\$

1. Are all Local Funds on hand? (Check one) Yes No

Grants or other sources (list separately):

GRANT	AMOUNT
	\$
	\$
	\$
TOTAL AMOUNT:	\$

2. Have all grants or other sources of funding been approved and on hand? (Check one) Yes No

3. If property tax backup is requested, from what funding source(s) does the unit plan to use for repayment?

 (Attach a schedule showing adequate revenues are available).

4. Include the recent trend of ending fund balances.

Fund balance is defined as = (Cash plus investments) minus (encumbrances plus accounts payable)

Ending Fund Balances Fund(s)	20__ Actual	20__ Actual	20__ Projected
General Fund			
Rainy Day Fund			
Cumulative Fund(s)			
Other Funds:			
Total			

TOTAL PROJECT COST (GOB/Lease + Local Funds + Grants + Other) = \$ _____

Publications and Notices
(All Proofs of Publication must accompany this document)

1. Date of Notice of Preliminary Determination: _____
2. Date of Preliminary Determination Hearing: _____
3. Date of Publication of Preliminary Determination: _____
4. Last Date for application of Petition/Remonstrance Process: _____
5. Was an application for Petition/Remonstrance filed? (Check one) Yes No
6. Was the application found to be sufficient? (Check one) Yes No
7. If the application was declared insufficient, please briefly explain why: _____

8. Date of Publication Beginning Petition/Remonstrance Process: _____
9. Last Date for Objecting Petitions for Petition/Remonstrance Process: _____
10. Votes on Petition/Remonstrance: Aye ____ Nay ____
11. If a petition/remonstrance process was completed, was the project or cost modified to address tax payers concerns? (Check one) Yes No **If yes, briefly explain how:** _____

12. Date of governing body's resolution appropriating bond proceeds or date of hearing on lease rental agreement: _____
13. The elected/governing body consists of _____ members. Their resolution/ordinance to adopt the proposed project passed by the following vote:
____ Aye ____ Nay ____ Abstain ____ Absent

14. Date of Publication for Sale of Bonds (IC 6-1.1-20-5(a)) or date of Publication for Execution of Lease (IC 36-1-10-13): _____
15. Last date objecting petition may be filed from 13 above: _____
16. Date Bonds are expected to be sold or date of execution of lease: _____
17. Has the project been bid? (Check one) Yes No
18. Date construction is expected to start _____
19. Date of substantial completion of facility or ready for occupancy: _____
20. Was the bond sale process competitive or negotiated? How was the process selected?

LISTING OF PROFESSIONALS INVOLVED IN THIS PROJECT

(The Department of Local Government Finance Order will only be mailed to the Unit Fiscal Officer and faxed to the Bond Counsel.)

Attorney

Name		
Address		
Phone Number		
Fax Number		
E-Mail Address		
Date of Written Contract		
Is Fee Percentage Based	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Bond Counsel

Name		
Address		
Phone Number		
Fax Number		
E-Mail Address		
Date of Written Contract		
Is Fee Percentage Based	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Financial Advisor

Name		
Address		
Phone Number		
Fax Number		
E-Mail Address		
Date of Written Contract		
Is Fee Percentage Based	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Architect

Name		
Address		
Phone Number		
Fax Number		
E-Mail Address		
Date of Written Contract		
Is Fee Percentage Based	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Unit Fiscal Officer

Name		
Address		
Phone Number		
Fax Number		
E-Mail Address		

Other

Name		
Address		
Phone Number		
Fax Number		
E-Mail Address		
Date of Written Contract		
Is Fee Percentage Based	<input type="checkbox"/> Yes	<input type="checkbox"/> No

COMMON CONSTRUCTION WAGE

(TO BE COMPLETED IF A PUBLIC WORKS PROJECT AND TOTAL COSTS EXCEED \$150,000)

Important: A copy of the minutes of the wage scale meeting and adoption must accompany this document

1. Is Wage Scale provided? (Check one) **Yes** **No**
If **No**, explain why unit is exempt from providing such documentation:

2. Did the wage committee consider the following factors:
 - a) A determination of the skilled, semiskilled and unskilled classes required under IC 5-16-7-1(c)(1) for each trade or craft classification of labor employed in the performance of the project's contract? (Check one) **Yes** **No**

 - b) A determination of reasonably anticipated costs of providing fringe benefits commonly paid to workers on similar projects if their exclusion would depress real compensation below the level commonly set by the private sector. (Check one) **Yes** **No**

What was the date of the Common Construction Wage Committee Meeting? _____

3. Did the wage scale committee base its decision on data that was representative of the wages most commonly paid in the county where the project is located and for the types of work at issue? (Check one) **Yes** **No**

4. If the wage scale committee did not consider the factors and information described above, provide an explanation of the reason(s) why such factors and information were not considered:

5. Did any members of the committee abstain or refuse to sign the wage determination? (Check one) **Yes** **No**

If **Yes**, state the members name, title and reason for vote:

6. If the answer is **Yes** to question #5, all data and information compiled by the Common Construction Wage Committee must accompany this document. Those documents include (but are not limited to) the following:
 - Surveys of projects and the rates proposed.

 - Any documents from the Department of Workforce Development pertaining to this project's Common Construction Wage Scale.

 - Any information that is background information for the Common Construction Wage hearing.

 - Any other documentation compiled by the committee that is not enumerated above.

Required Documentation

The following information is required to be attached to this document. This document and supporting information must be **electronically** filed with the Department of Local Government Finance to JRobertson@dlgf.in.gov on or before the "Petition Due Date" as indicated below.

Indicate by a [X] documentation attached

- Required Proofs of Publication (Refer to Page 7)
- Governing Body Bond Resolution/Ordinance or Lease Resolution/Ordinance
- County Auditor's Certificate of No Remonstrance, if applicable
- Amortization Schedule as required
- Property tax backup funding schedule of available revenue, if applicable
- Proposed Lease Agreement, if applicable
- County Auditor's Certification of petitions signed by fifty (50) or more taxpayers requesting entering into the lease pursuant to Ind. Code § 36-1-10-7, if applicable
- Minutes of the Common Construction Wage scale meeting and adoption, if applicable
- Detailed project description, if applicable.
- Eight (8) copies of Hearing Information Sheet and above supporting documentation
- Two (2) copies of each vehicle specification, if a vehicle purchase is included in the project
- Newspaper articles pertaining to the project, if available

Notice

To obtain a debt service rate for the ensuing budget year, the unit must comply with the provisions of IC 6-1.1-17-3 for the ensuing year budget. In addition, on or before December 31 of the current year, the unit must execute the debt and file with the Department of Local Government Finance a final amortization schedule.

Certification

I certify to the best of my knowledge and belief that the above is a full, true and complete disclosure for the proposed project(s) to be presented to the Local Government Tax Control Board and Department of Local Government Finance.

Dated this _____ day of _____, 20_____.

Signature

Title