

**Application Check List**

\_\_\_\_\_ All questions have been answered. **If a question does not apply, there is a zero or N/A written.**

\_\_\_\_\_ All questions have been reviewed for accuracy if pre-filled by the Bond Bank.

\_\_\_\_\_ Requested CPA audits are sent with application if requested on the Additional Information tab. If audits are not available, Question 12 is completed.

\_\_\_\_\_ Most recent Fund Balance Policy is sent with application if available.

\_\_\_\_\_ Most recent Post Issuance Compliance Policy is sent with application if available.

\_\_\_\_\_ If Questions 8 & 9 on the Additional Information Tab is checked off as Yes, there is an attachment or explanation written on that page

\_\_\_\_\_ **Please do not sign the cover page** of the application until it has been reviewed by the Bond Bank and returned to you for a signature. This way you are signing a complete document.

**CONTACT BOND BANK FOR APPLICATION**

# NHMBB New Hampshire Municipal Bond Bank

The undersigned governmental unit (the applicant) hereby requests the New Hampshire Municipal Bond Bank to purchase the following described obligations of the applicant. This application shall not constitute a contract or a commitment to enter into a contract.

I hereby certify that the following information is true and correct to the best of my knowledge and belief.

Dated: \_\_\_\_\_  
Signature of Authorized Official \_\_\_\_\_  
Printed Name and Title \_\_\_\_\_

Loan Amount: \_\_\_\_\_ Term: \_\_\_\_\_ Level Principal or Level Debt: \_\_\_\_\_

## PART I - GENERAL INFORMATION

1. Legal Name of Governmental Unit \_\_\_\_\_
2. County of which unit is located \_\_\_\_\_
3. Mailing Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. Prepared by: Name \_\_\_\_\_  
Title \_\_\_\_\_  
Phone Number \_\_\_\_\_  
E-mail Address \_\_\_\_\_
5. Billing Contact Person (If Different):  
Name \_\_\_\_\_  
Title \_\_\_\_\_  
Email Address \_\_\_\_\_
6. Law firm acting as Bond Counsel (at governmental unit's expense):  
Name of Firm \_\_\_\_\_  
Name of Contact \_\_\_\_\_
7. Local Depository Bank:  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
8. Auditing Firm: \_\_\_\_\_
9. Federal Tax ID# : \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

**PART I - PROJECT DETAILS**

1. Amount of Issue: \_\_\_\_\_
2. Describe purpose of issue: \_\_\_\_\_
3. Please give a brief detailed description of project: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. How was the project authorized: \_\_\_\_\_
5. Date the project was authorized: \_\_\_\_\_
6. What is the impact of the proposed project on the local environment including air and water quality?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. What specific considerations do you plan to take to reduce/improve the environmental impact of the project?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
8. Does the project require an outside environmental review? \_\_\_\_\_
9. Were there any material objections to the project? If yes, please briefly explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
10. Were other alternatives evaluated? If yes, please briefly explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CONTACT BOND BANK FOR APPLICATION

Name of Applicant: \_\_\_\_\_

**PART II - PROJECT DETAILS**

11. Was this project mandated by the State or Federal Government? \_\_\_\_\_

12. Funding:

Federal Funds	_____
State Funds	_____
City/Town Funds	_____
This Loan	_____ \$0
Other (describe)	_____
Total Project Cost:	_____ \$0

13. Amount of temporary debt Issued in anticipation of this loan: \_\_\_\_\_

14. Type of temporary debt (example: BAN): \_\_\_\_\_

15. Status of Project (dates):

Architect Study	_____
Engineers/Study	_____
Bids Awarded	_____
Construction Start	_____
Estimated Completion	_____

16. Estimated date of final expenditure of bond proceeds: \_\_\_\_\_

CONTACT BOND BANK FOR APPLICATION

Name of Applicant: \_\_\_\_\_

**PART III - GOVERNMENT INFORMATION**

1. Are the governmental unit employees members of the NH Retirement System?  
Yes \_\_\_\_\_ No \_\_\_\_\_

If No, please indicate any retirement plan which the employees are members of, and include a brief description listing the estimate of unfunded pension liability (if available).  
\_\_\_\_\_  
\_\_\_\_\_

2. Employees:	<u>No. of Full Time</u>	<u>No. of Part Time</u>
Police Department	_____	_____
Fire Department	_____	_____
Sewer Department	_____	_____
Water Department	_____	_____
Highway Department	_____	_____
Library	_____	_____
Parks & Recreation	_____	_____
Administrative	_____	_____
Other	_____	_____
<b>TOTAL EMPLOYEES</b>	<u><u>0</u></u>	<u><u>0</u></u>

\*Excludes call personnel and other seasonal, temporary and casual labor.

3. Employee Relations:  
  
Pursuant to New Hampshire RSA 273-A, all public employees in the State of New Hampshire have the right to organize and to bargain collectively with their public employers on matters of wages, hours, and other conditions of employment other than managerial policy.

The following identifies the labor organizations, their affiliations, the length of each contract and the date which the contract expires.

<u>Organizations</u>	<u>Affiliation</u>	<u>Length</u>	<u>Contract Expiration</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

4. Governmental Unit's type of government:  
Title of governing body (ex: Selectmen, Councilmen): \_\_\_\_\_

5. Does the town have an official seal: \_\_\_\_\_



Name of Applicant: \_\_\_\_\_

**PART IV, PAGE ONE - EDUCATION**

- 1. Name of School District: \_\_\_\_\_
- 2. Type of District:    Single City/Town: \_\_\_\_\_ Cooperative: \_\_\_\_\_ Area: \_\_\_\_\_
- 3. Grades served from: \_\_\_\_\_ to \_\_\_\_\_
- 4. Names of all members of district and percentages share of district cost:

Names of Cities/Towns	Percentage for last five years				
	23-24	22-23	21-22	20-21	19-20
_____					
_____					
_____					
_____					
_____					
_____					
_____					
_____					
_____					
TOTALS	0.00%	0.00%	0.00%	0.00%	0.00%

5. Please indicate total amount of school district assessment for the last five years.

	23-24	22-23	21-22	20-21	19-20
District Assessment-Prior to State Funding					
Less Adequate Education Grant					
Less State Education Tax					
Actual District Assessment					

6. Tuition Expense Grades 9-12:

Names of Cities/Towns	23-24	22-23	21-22	20-21	19-20
_____					
_____					
_____					
_____					

7. Tuition Revenue:

Names of Cities/Towns	23-24	22-23	21-22	20-21	19-20
_____					
_____					
_____					
_____					

8. Are there any foreseen significant changes to tuition revenues?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Applicant: \_\_\_\_\_

**PART IV, PAGE 2 - EDUCATION**

9. Number of School Buildings:  
\_\_\_\_\_ Elementary    \_\_\_\_\_ Middle    \_\_\_\_\_ High School    \_\_\_\_\_ Other

10. Enrollments for the last five years:

<u>Year</u>	<u>K-12</u>
2023-2024	_____
2022-2023	_____
2021-2022	_____
2020-2021	_____
2019-2020	_____

11. Projected enrollments for the next three years:

<u>Year</u>	<u>K-12</u>
2024-2025	_____
2025-2026	_____
2026-2027	_____

12. If overcrowding exists at any level, please explain:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

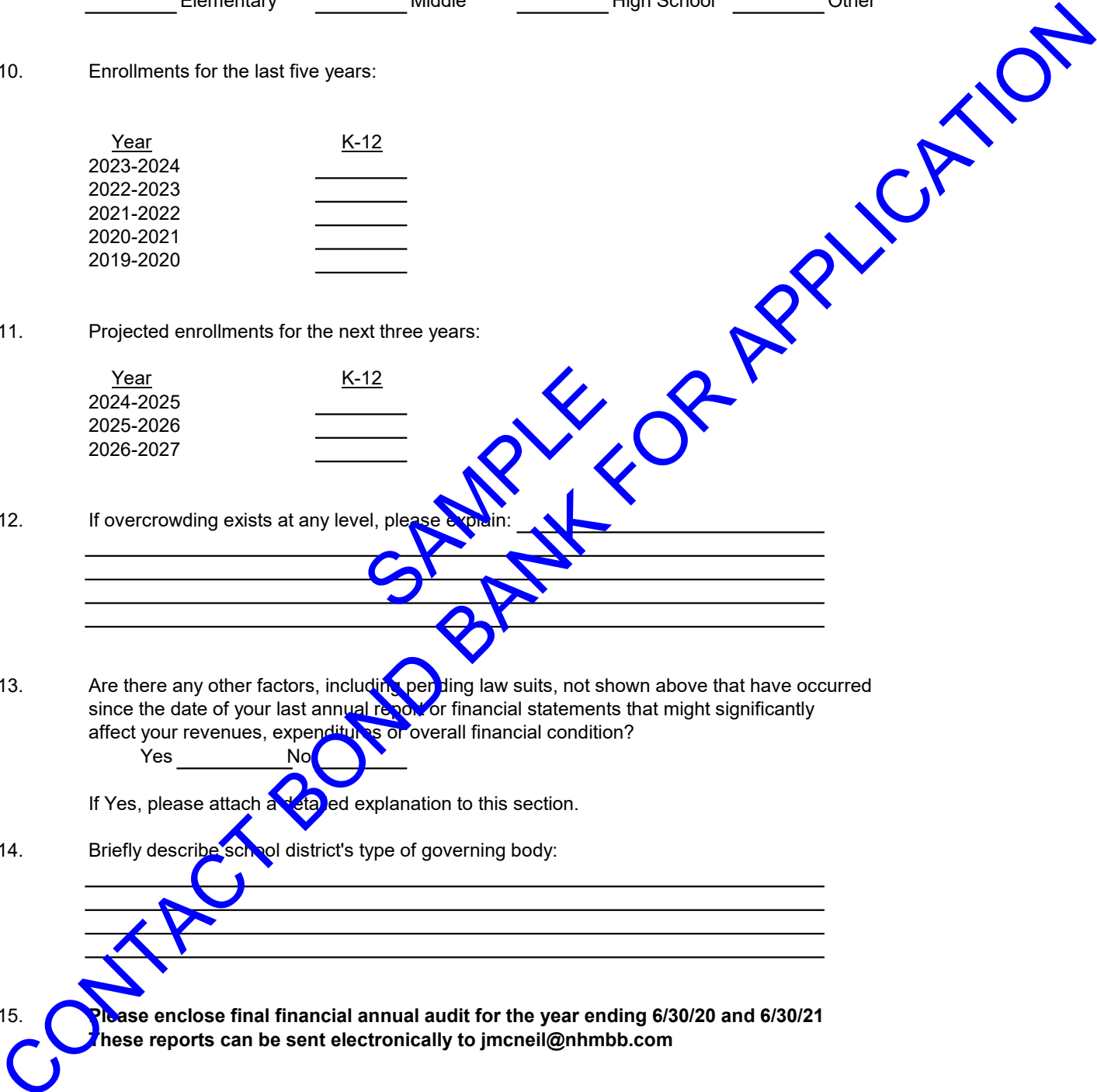
13. Are there any other factors, including pending law suits, not shown above that have occurred since the date of your last annual report or financial statements that might significantly affect your revenues, expenditures or overall financial condition?  
Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, please attach a detailed explanation to this section.

14. Briefly describe school district's type of governing body:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

15. **Please enclose final financial annual audit for the year ending 6/30/20 and 6/30/21  
These reports can be sent electronically to [jmcneil@nhmhb.com](mailto:jmcneil@nhmhb.com)**

16. If the audit for 06/30/20 is not available, when do you expect it to be finalized?  
Please briefly explain the delay: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



Name of Applicant: \_\_\_\_\_

**PART V, PAGE ONE - NEW DEBT**

1. Proposed Maturity Schedule: If you are bonding for more than one project, you may list the maturities separately or as one. Attach additional sheets if necessary. Maturities are subject to adjustments.

Please indicate if proposed maturity schedule will be:

Level Principal: \_\_\_\_\_ Level Debt: \_\_\_\_\_  
 # of Years \_\_\_\_\_ # of Years \_\_\_\_\_

	Year Payable	Project #1	Project #2	Project #3	Total
1	February 15 2025				0
2	February 15 2026				0
3	February 15 2027				0
4	February 15 2028				0
5	February 15 2029				0
6	February 15 2030				0
7	February 15 2031				0
8	February 15 2032				0
9	February 15 2033				0
10	February 15 2034				0
11	February 15 2035				0
12	February 15 2036				0
13	February 15 2037				0
14	February 15 2038				0
15	February 15 2039				0
16	February 15 2040				0
17	February 15 2041				0
18	February 15 2042				0
19	February 15 2043				0
20	February 15 2044				0
	TOTALS	0	0	0	0

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Gen. Government Buildings      | <input type="checkbox"/> Gen. Government Buildings      | <input type="checkbox"/> Gen. Government Buildings      |
| <input type="checkbox"/> Cemeteries                     | <input type="checkbox"/> Cemeteries                     | <input type="checkbox"/> Cemeteries                     |
| <input type="checkbox"/> Revaluation of Property        | <input type="checkbox"/> Revaluation of Property        | <input type="checkbox"/> Revaluation of Property        |
| <input type="checkbox"/> Economic Development           | <input type="checkbox"/> Economic Development           | <input type="checkbox"/> Economic Development           |
| <input type="checkbox"/> Public Safety                  | <input type="checkbox"/> Public Safety                  | <input type="checkbox"/> Public Safety                  |
| <input type="checkbox"/> Highways & Streets             | <input type="checkbox"/> Highways & Streets             | <input type="checkbox"/> Highways & Streets             |
| <input type="checkbox"/> Sanitation                     | <input type="checkbox"/> Sanitation                     | <input type="checkbox"/> Sanitation                     |
| <input type="checkbox"/> Water Distribution & Treatment | <input type="checkbox"/> Water Distribution & Treatment | <input type="checkbox"/> Water Distribution & Treatment |
| <input type="checkbox"/> Health & Welfare               | <input type="checkbox"/> Health & Welfare               | <input type="checkbox"/> Health & Welfare               |
| <input type="checkbox"/> Culture & Recreation           | <input type="checkbox"/> Culture & Recreation           | <input type="checkbox"/> Culture & Recreation           |
| <input type="checkbox"/> Conservation                   | <input type="checkbox"/> Conservation                   | <input type="checkbox"/> Conservation                   |
| <input type="checkbox"/> Vehicle                        | <input type="checkbox"/> Vehicle                        | <input type="checkbox"/> Vehicle                        |
| <input type="checkbox"/> Debt Service                   | <input type="checkbox"/> Debt Service                   | <input type="checkbox"/> Debt Service                   |

CONTACT BOND BANK FOR APPLICATION



Name of Applicant \_\_\_\_\_

**PART V, PAGE 2 - EXISTING DEBT**

2. Does the Town currently have any long-term outstanding debt?  
Yes \_\_\_\_\_ If yes, please list below No \_\_\_\_\_

3. Debt Outstanding as of: \_\_\_\_\_ 12/31/23 \_\_\_\_\_ 06/30/23

<u>Year Payable</u>	<u>Principal</u>	<u>Interest</u>	<u>Total</u>
2024			-
2025			-
2026			-
2027			-
2028			-
2029			-
2030			-
2031			-
2032			-
2033			-
2034			-
2035			-
2036			-
2037			-
2038			-
2039			-
2040			-
2041			-
2042			-
2043			-
2044			-
2045			-
2046			-
2047			-
2048			-
2049			-
2050			-
2051			-
2052			-
2053			-
TOTALS	-	-	-

CONTACT BOND BANK FOR APPLICATION

Name of Applicant: \_\_\_\_\_

**PART V, PAGE 3 - OVERLAPPING DEBT**

4. Overlapping debt: Indicate total long-term debt outstanding for each county, city or town, school district, water district, sewer district, or any other governmental unit for which the taxpayers of the applying governmental unit are liable.

<u>Governmental Unit</u>	<u>Outstanding Bonded Debt As of 12/30/23</u>	<u>Applicant's Percent Of Outstanding Debt</u>	<u>Applicant's Share Of Outstanding Debt</u>
School District:			
_____	_____	_____ %	_____
_____	_____	_____ %	_____
Village Districts or Precincts:			
_____	_____	_____ %	_____
_____	_____	_____ %	_____
TOTALS	\$0		\$0

5. Capital Lease :

<u>Capital Lease Obligation</u>	<u>Original Amount</u>	<u>Maturity Date</u>	<u>Amount Outstanding at 12/31/23</u>
_____	\$0	_____	\$0
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

CONTACT BOND BANK FOR APPLICATION

Name of Applicant: \_\_\_\_\_

**PART V, PAGE 4 - DEBT LIMITS**

6. Indicate type of debt limit this issue comes under: \_\_\_\_\_

7. Base valuation for debt limit: \_\_\_\_\_

8. Long-term debt limit and margin: List principal only, do not include interest.

Debt Outstanding as of:                      \_\_\_ 12/31/23                      \_\_\_ 06/30/23

<u>Type</u>	<u>Limit</u>	-	<u>Debt. Outs.</u>	-	<u>This Issue</u>	<u>Authorized But Unissued</u>	=	<u>Margin</u>
General	3%	-	_____		\$0	_____		-
Water	10%	-	_____	-	_____	_____		-
Sewer	N/A	-	_____		_____	_____		-
Overlapping Debt	9.75%	-	_____	-	_____	N/A		-

9. Long-term Debt:

Total Bonds Outstanding: \_\_\_\_\_ -  
(should agree with total principal - Debt II)

Total Bond This Issue: \_\_\_\_\_ \$0

GROSS LONG-TERM DEBT: \_\_\_\_\_

Less: Revenue Supported (Principal Only)

Water \_\_\_\_\_

Sewer Reimbursement \_\_\_\_\_

Other Aid \_\_\_\_\_

NET LONG-TERM DEBT: \_\_\_\_\_

CONTACT BOND BANK FOR APPLICATION

Name of Applicant: \_\_\_\_\_

**PART V, PAGE 5 - ADDITIONAL DEBT INFORMATION**

10. List short-term debt outstanding as of the date of this application. Temporary loans in anticipation of:

<u>Item</u>	<u>Amount</u>	<u>Original Date of Issuance</u>	<u>Maturity Date</u>	<u>Legal Limit</u>
Taxes or Revenues	_____	_____	_____	1 Year
Bonds	_____	_____	_____	5 Years
Federal Aid	_____	_____	_____	5 Years
TOTAL	_____			

11. After this issue, what prospective financing (including advanced refunding) does the governmental unit anticipate? Please provide a copy of a capital improvement plan for the next five years, if available.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. Do you have a Post Issuance Compliance Policy?  
Yes \_\_\_ If yes, please attach a copy No \_\_\_

13. Do you have a Fund Balance Policy?  
Yes \_\_\_ If yes, please attach a copy No \_\_\_

14. Will you need a Bond Anticipation Note for this issue? \_\_\_\_\_

15. If Yes, please complete the following:

Amount of BAN needed: \_\_\_\_\_

Date funds needed: \_\_\_\_\_

Do you want the NH Municipal Bond Bank to assist with this process?

Yes \_\_\_ No \_\_\_

CONTACT BOND BANK FOR APPLICATION

Name of Applicant: \_\_\_\_\_

**PART VI - TAX INFORMATION**

1. Valuation for the last five years:

<u>Year</u>	<u>Local Assessed Valuation</u>	<u>State Equalized Valuation</u>
2022	_____	_____
2021	_____	_____
2020	_____	_____
2019	_____	_____
2018	_____	_____

Effective date of last revaluation: \_\_\_\_\_

Anticipated date of next revaluation: \_\_\_\_\_

2. Tax Information: Please indicate the amount of taxes uncollected by each year end and the amount of uncollected and unredeemed taxes as of the date of this application:

<u>Year</u>	<u>Local Tax Rate</u>	<u>Net Property Tax Levy</u>	<u>Amount Uncollected at each Calendar Yr End</u>	<u>Amount Uncollected to date (Including Liens)</u>
2022				
2021				
2020				
2019				
2018				

3. Please indicate any significant changes in the tax base over the past five years:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CONTACT BOND BANK FOR APPLICATION

Name of Applicant: \_\_\_\_\_

**PART VII - ECONOMIC INFORMATION**

4. List the ten largest taxpayers in ranking order:

<u>Name</u>	<u>Type of Business</u>	<u>Assessed Valuation</u>
1 _____	_____	_____
2 _____	_____	_____
3 _____	_____	_____
4 _____	_____	_____
5 _____	_____	_____
6 _____	_____	_____
7 _____	_____	_____
8 _____	_____	_____
9 _____	_____	_____
10 _____	_____	_____
Total Assessed Valuation		_____ 0

5. Please indicate any of the 10 largest taxpayers listed above that have been delinquent in paying property taxes more than 90 days after the due date during any one or more of the last three years:

<u>Entity</u>	<u>Is the Entity Currently Delinquent? Yes or No</u>
_____	_____
_____	_____

6. List the five largest employers that have over 10 employees:

<u>Name</u>	<u>Type of Business</u>	<u>Number of Employees</u>
1 _____	_____	_____
2 _____	_____	_____
3 _____	_____	_____
4 _____	_____	_____
5 _____	_____	_____

CONTACT BOND BANK FOR APPLICATION

Name of Applicant: \_\_\_\_\_

**PART VIII - ADDITIONAL INFORMATION**

7. Building permits issued for the last five years:

<u>Year</u>	<u>Numbered Issued</u>	<u>Total Value</u>
2023	_____	_____
2022	_____	_____
2021	_____	_____
2020	_____	_____
2019	_____	_____

The Town does not track the value of the projects: \_\_\_\_\_

8. Does your community have any mandates for projects (i.e. water & sewer) that are not yet authorized, but will involve incurring significant new debt if passed?

Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, please attach a brief description of the project, estimated costs, and the schedule.

9. Are there any other factors, including pending law suits, that have occurred since the date of your last annual report or financial statements that might significantly affect your revenues, expenditures or overall financial condition?

Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, please attach a detailed explanation to this section.

10. Has your municipality experienced any cybersecurity breaches? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, was there a financial loss? \_\_\_\_\_  
\_\_\_\_\_

11. What efforts have been made to protect Security Systems? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. Does your community have any environmental issues that could effect future operating revenues

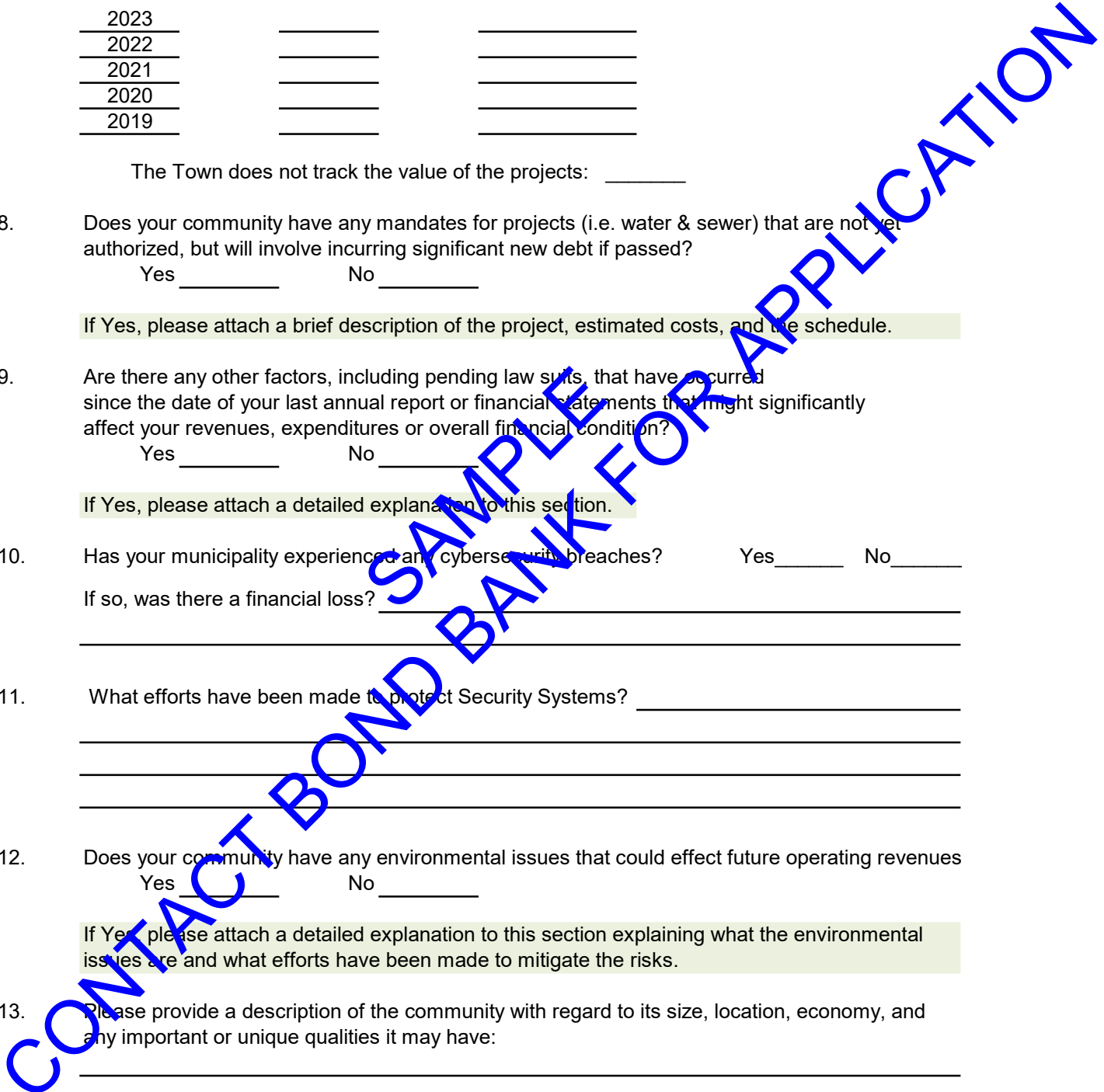
Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, please attach a detailed explanation to this section explaining what the environmental issues are and what efforts have been made to mitigate the risks.

13. Please provide a description of the community with regard to its size, location, economy, and any important or unique qualities it may have:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14. Please enclose final financial annual audits for the years ending 6/30/21 if available  
These reports can be sent electronically to [info@nhmbb.com](mailto:info@nhmbb.com)



14. If the audit for 6/30/21 is not available, when do you expect it to be finalized? \_\_\_\_\_  
Please briefly explain the delay: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CONTACT BOND BANK FOR APPLICATION  
SAMPLE