



INDIANA BOND BANK
2016 Fuel Budgeting Program
QUALIFIED ENTITY APPLICATION

DATE ____/____/____

QUALIFIED ENTITY (QE) INFORMATION

Name of Political Subdivision: _____
 Name of Contact: _____
 Title: _____
 Address: _____
 City: _____ State: _____ Zip: _____

Phone: _____
 Fax: _____
 Email: _____
 Federal ID Number: _____

BILLING ADDRESS (IF DIFFERENT):

Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____

Contact: _____
 Phone: _____
 Fax: _____

Name of Local Counsel: _____
 Local Counsel Email: _____

Phone: _____

Legislative Body: (e.g., Common Council, Town Council, School Board) _____

Dates of November and December 2015 legislative body meetings: _____

DID YOU PARTICIPATE IN THE 2015 PROGRAM?

Yes [] No []

FUEL NEEDS/CONSUMPTION:

Do you currently have on-site storage tanks/storage capability?

Yes [] No []

If yes, please provide the size/capacity of the storage tanks.

If yes, please specify the type of fuel (Diesel, Gasoline, or Both).

What is your current pricing method for the purchase of fuel?

Do you currently anticipate hedging for Gasoline Expense?

Yes [] No []

Do you currently anticipate hedging for Diesel Expense?

Yes [] No []

Please list the Funds from which gasoline/diesel fuel is budgeted.



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	<u>2014</u>	<u>2015</u> (As of Sept. 30, 2015)	<u>Budgeted 2016</u>
Gasoline			
Consumption (Gallons)	_____	_____	_____
Budgeted Amount	\$ _____	\$ _____	\$ _____
Actual Amount	\$ _____	\$ _____	Not Applicable
Diesel			
Consumption (Gallons)	_____	_____	_____
Budgeted Amount	\$ _____	\$ _____	\$ _____
Actual Amount	\$ _____	\$ _____	Not Applicable

Monthly Consumption – Gasoline

<u>Month</u>	<u>2014</u> (In Gallons)	<u>2015</u> (In Gallons)	<u>Projected 2016</u> (In Gallons)	
January	_____	_____	_____	*
February	_____	_____	_____	*
March	_____	_____	_____	*
April	_____	_____	_____	*
May	_____	_____	_____	*
June	_____	_____	_____	*
July	_____	_____	_____	*
August	_____	_____	_____	*
September	_____	_____	_____	*
October	_____	_____	_____	* *
November	_____	_____	_____	* *
December	_____	_____	_____	* *
Total	_____	_____	_____	* *

*Estimated



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Monthly Consumption - Diesel

<u>Month</u>	2014 <u>(In Gallons)</u>	2015 <u>(In Gallons)</u>	Projected 2016 <u>(In Gallons)</u>	
January	_____	_____	_____	*
February	_____	_____	_____	*
March	_____	_____	_____	*
April	_____	_____	_____	*
May	_____	_____	_____	*
June	_____	_____	_____	*
July	_____	_____	_____	*
August	_____	_____	_____	*
September	_____	_____	_____	*
October	_____	_____	*	*
November	_____	_____	*	*
December	_____	_____	*	*
Total	_____	_____	*	*

*Estimated

LOCAL BANK FOR TRANSFER OF FUNDS:

Name of Bank: _____ ABA #: _____
 Address: _____

 Contact Person: _____
 Phone Number: _____
 Account Name: _____
 Account Number: _____

I hereby certify that, to the best of my knowledge, all information on this Application is true and complete.

Signature: _____

Date: _____

Crowe Horwath LLP will serve as the independent registered municipal advisor for the Bond Bank and for the participants in the fuel budgeting program. By signing and submitting this application, you hereby acknowledge and agree that you will be represented by, and will rely on the advice of, Crowe Horwath LLP, as your independent registered municipal advisor in connection with your participation in the fuel budgeting program.



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FINANCIALS:

Please attach the following items:

- Most recent State Board of Accounts Audited Annual Financial Report,
- Most recent City and Town Financial Report, School Form 9, or Comprehensive Annual Financial Report, and
- Preliminary 2016 Budget Form 1 for each participating fund.

Please send application to:
10 West Market Street, Suite 2980
Indianapolis, IN 46204
FAX (317) 233-0894
Email: bondbank@inbondbank.com