



AMBULANCE REVOLVING LOAN PROGRAM

LOAN APPLICATION



ELIGIBLE APPLICANTS

- Not-for-profit ambulance service providers
- Units of local government (city, town, village, township, fire department, fire protection district) that provides ambulance services



NOT ELIGIBLE

- Fire departments or ambulance service providers that are for-profit entities
- Units of local government (city, town, village, township, fire department, fire protection district) that do not provide ambulance services (e.g., a municipality that contracts for emergency medical services from another municipality or fire district)

SECTION 1 – APPLICANT INFORMATION

Governmental Unit _____	Type _____
Name _____	County _____
Address _____ _____	Phone Number _____ Fax Number _____
Tax Identification Number _____ (Format: XX-XXXXXXX)	NFIRS FDID _____ (If applicable)

SECTION 2 – CONTACT INFORMATION

Name _____	Home Phone _____
Title _____	Work Phone _____
E-Mail _____	Cell Phone _____

SECTION 3 – REQUEST

Loan Request

Loan Request _____ Cannot exceed \$100,000	Requested Loan Term (years) _____ Cannot exceed 10 years
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Ambulance Request

Ambulance Condition _____	Ambulance Is _____
Ambulance Type _____	
If "Other," list Type _____	
Cost of Ambulance _____	Estimated Delivery Date _____
Year _____	Make _____ Model _____
Odometer Reading _____	VIN _____

If you are replacing an ambulance provide the following information on the ambulance being replaced. If you are not replacing an ambulance skip this and go to Section 4.

Ambulance Type _____	
If "Other," list Type _____	
Year _____	Make _____ Model _____
Odometer Reading _____	VIN _____
Ambulance Will Be _____	

If you are offering your truck in the Fire Equipment Exchange Program visit the Office of the State Fire Marshal's Fire Equipment Exchange website at <http://fireequipmentexchange.sfm.illinois.gov/> to place your ad to donate, sell or trade the ambulance.

SECTION 4 – FLEET INFORMATION

Total number of ambulances in fleet: _____

Ambulance Type _____ If "Other," list Type _____ Year _____ Make _____ Model _____ Odometer Reading _____ # of Annual Responses _____
Ambulance Type _____ If "Other," list Type _____ Year _____ Make _____ Model _____ Odometer Reading _____ # of Annual Responses _____
Ambulance Type _____ If "Other," list Type _____ Year _____ Make _____ Model _____ Odometer Reading _____ # of Annual Responses _____
Ambulance Type _____ If "Other," list Type _____ Year _____ Make _____ Model _____ Odometer Reading _____ # of Annual Responses _____

If you need more sheets fill out the supplemental "Fleet Information" form and attach it after this page when submitting your application. **If you are attaching additional information check this box**

SECTION 5 – DEMOGRAPHIC INFORMATION

of Annual Responses _____ Total Population Covered _____

Total Area Covered (sq. miles) _____ # of Fire Stations/Ambulance Stations _____

Do you serve any local governments outside of your primary area of responsibility? _____

If “Yes” list the local governments you serve

Are you a MABAS Member _____ If “No” do you have mutual aid agreements? _____

If you have mutual aid agreements list who you have agreements with and provide copies of those agreements

Demographic Narrative – Discuss recent demographic trends (i.e. changes in the number of annual responses, total population, service area, etc.). **If you need more space than allotted here** fill out the supplemental “Demographic Information Narrative” form and attach it after this page when submitting your application.

If you are attaching additional narrative check this box

SECTION 6 – LOAN JUSTIFICATION

Detail the reasons you are requesting a loan under this program. The following sections are provided as a guide as you prepare your justification. A section labeled “Other Justification” is included at the end so that you may provide any other information you feel is relevant beyond the categories provided here. **If you need more space than allotted here** fill out the supplemental forms for each of the categories listed below (as applicable) and attach them to the back of the appropriate pages when submitting your application.

Information on Out-of-Date Equipment or Unsafe Equipment

If you are attaching additional narrative check this box

Information on Current Demand for Services and Services Provided in the Last Two Years

If you are attaching additional narrative check this box

Information on Equipment Losses Not Covered by Insurance. If not applicable put N/A in this section.

If you are attaching additional narrative check this box

Information on Monetary Assistance Received in the Last Five Fiscal Years (i.e. in-kind grants and sub-market rate loans; include source of the grants or loans, dollar amounts, and interest rates, and the purpose of the grant or loan). If not applicable put N/A in this section.

If you are attaching additional narrative check this box

Other Justification. If you do not wish to provide any other information put N/A in this section.

If you are attaching additional narrative check this box

SECTION 7 – FINANCIAL INFORMATION

The following information must be provided with your application.

- Current year board-approved operating budget and most recent interim financial statement (most recent month)
- Most recent bank statement
- Last three years of financial statements
 - **If you are a municipality with a population over 800, have bonded debt outstanding or own a public utility, or if you are a fire protection district or township government with annual revenue over \$850,000**, attach a copy of the last three years of audited financial statements (prepared according to reporting requirements of the state Comptroller).
 - **If you do not fit into one of the categories listed above** you should provide the last three years of unaudited financial statements, a copy of the last three years of annual reports (as posted to the State Comptroller’s website, if applicable), and a comparison of actual results compared to the budget for the last three years.

How are your financial statements prepared? _____

If you selected “Other” please provide an explanation

Loan Repayment

Source(s) of Funds for Loan Repayment _____

If you selected "Multiple Sources" or "Other" indicate those sources _____

If you are using "General Funds" or "Appropriated Funds Other Than General Funds" you must attach a copy of the resolution or ordinance which identifies the revenue stream to be used for loan repayment and a board-approved operating budget that reflects the identified revenue source and amount.

If you are using a "Tax Levy" you must attach a copy of the levy or a signed letter confirming the timing of the proposed levy. Evidence of the approved levy (via ordinance or resolution) must be provided prior to the closing of the loan.

Current and future expenditures for the revenue source chosen above

Year	Expenditures
Current	
Future Year 1	
Future Year 2	
Future Year 3	

Assumptions used for expenditure forecast and reasons for projected increases or decreases

Current and future year revenues for the revenue source chosen above

Year	Revenues
Current	
Future Year 1	
Future Year 2	
Future Year 3	

Assumptions used for revenue forecast and reasons for projected increases or decreases

Taxes (If you are a **Home Rule** unit of local government skip this section)

Are you currently at your maximum levy rate? _____

Is voter approval required to increase from your current rate? _____

Current Levy Rate (%) _____ Maximum Levy Rate (%) _____

Property Tax Collection and Statistics

Levy information for the past three years

Year	Equalized Assessed Valuation	Levy Rate (%)	Revenue Collected	Percentage Collected

Bond Ratings

Do you have a bond rating from any of the credit rating agencies? _____

If "Yes" provide the rating and the date the rating was affirmed (provide this information for each of the rating agencies listed below, as applicable)

	Rating	Date Affirmed
Moody's		
S & P		
Fitch		
Kroll		

Prior Revolving Loans

Do you have any prior Fire Truck or Ambulance Revolving Loans that are currently outstanding?

If "Yes" provide the following information

Type	Loan Amount	Outstanding Amount	Date Closed	Scheduled Final Payment Date

SECTION 8 – ATTESTATION AND SIGNATURES

We, the undersigned and duly authorized officers of _____
(insert the name of organization) do hereby certify that the filing of this application was duly authorized and that the statements made in this loan application and all exhibits, documents and data submitted with this loan application are true and correct according to the best knowledge and belief of the undersigned, and are submitted as a basis for approval of a loan from the Illinois Ambulance Revolving Loan Program in accordance with the provisions of state law (20 ILCS 3501/825-85) and Administrative Rules (Title 41, Part 292 and Title 74, Part 1100, Subpart I). As part of the loan process, the Office of the Illinois State Fire Marshal and the Illinois Finance Authority are hereby authorized to verify any information contained herein.

Signature Title Date

Print Name

Signature Title Date

Print Name

Signature Title Date

Print Name

Signature Title Date

Print Name