

**Lease Financing Application for South Carolina Information Technology Management Office (ITMO)**

Lessee's Legal Name as Shown on Audited Financials:			
If Lessee's Parent is Different, Input Parent Name Here:			
Website to Obtain 3 years of Audited Financials Found At:			
Street Address			
City		<b>Invoices to be sent to:</b>	
State		Contact	
Zip Code		Department	
Contact		Address	
Phone Number		City, State, Zip	
Fax Number		Phone & Fax Number	
Email		Email	
EIN (Required)		Special Instructions	

**Double-clicking on a response box will allow you to add or remove a check mark**

- 1) Have you ever defaulted or non-appropriated on a lease purchase, loan or bond obligation? Yes:  No:
- 2) Are you currently operating under emergency financial/fiscal management or have you in the past 3 years? Yes:  No:
- 3) Are there any known issues that could impact the future repayment of this financing? Yes:  No:
- 4) Will any loan or grant proceeds be used as the dedicated source of repayment for this financing? Yes:  No:
- 5) Have you issued or do you reasonably intend to issue more than \$10MM in tax exempt debt during the calendar year? Yes:  No:
- 6) For any payments due in your current FY, have those payments been formally appropriated? Yes:  No:   
 If no or if your 1st payment is due in next fiscal year, has this been formally approved by board resolution? Yes:  No:
- 7) Will payments be made from your General Fund? Yes:  No:   
 If no, which fund & provide page in most recent audit where found? 

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- 8) Will any portion of the financed property be used by a private corporation or individual? Yes:  No:   
 If Yes, what % will be used by a private corporation or individual? 

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- 9) Do you operate under home-rule (a charter)? Yes:  No:  Unsure:
- 10) Will the proceeds of this lease be used entirely for software? Yes:  No:   
 If "Yes", will the software be installed on equipment that you own or are financing? Own:  Financed:
- 11) Will any portion of the financed property be affixed to real property? Yes:  No:
- 12) Are you self insured for property damage? Yes:  No:
- 13) Are you self insured for liability? Yes:  No:
- 14) Are you a member of a managed risk pool for insurance? Yes:  No:
- 15) Desired Lease Term: 36      48      60      16) Payment Interval: Monthly in Arrears      Annually in Advance
- 17) Is this replacing equipment, expanding an existing system or completely brand new? Replacement:  Expansion:  New:   
 If replacement, what is the age of the equipment it is replacing? 

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 If replacement or expansion, is the existing equipment paid off? 

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18) What is your population or enrollment?		As of what date?	
19) What is your tax-based assessed value?		As of what date?	

20) Equipment/Product Description (please refrain from using acronyms or part numbers):

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21) What is the purpose of this acquisition, what makes it essential & what benefits are expected (eg, cost savings, productivity, functionality, etc.)? If this financing is for entirely prepaid services, please also provide a description of the departments/functions being supported.

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Submitted By (Name):		Title:	
Signature		Date:	

So that we may begin our credit review process, please email this application; along with your equipment Purchase Agreement, quote or bill of materials to [jmarsalloyr@ontinv.com](mailto:jmarsalloyr@ontinv.com). Please mail or email the 3 most recent copies of your Audited Annual Financial Statements, plus a copy of the current or most recent Fiscal Year's budget, to: [jmarsalloyr@ontinv.com](mailto:jmarsalloyr@ontinv.com), Ontario Investments Inc., Attn: Jim Marsalloyr Jr., (315) 431-4676, 126 N. Salina Street, Suite 320 Syracuse, NY 13202