

The Center for Local Government Ohio Capital Asset Financing Program Application

Please fax application to: Robert Johnson, CLG, Fax (513) 741-8671.

Jurisdiction name: _____

Governmental type: County City Village Township Other _____

Contact name and title: _____

Phone number: _____ Fax number: _____

Address: _____

Contact e-mail address: _____

General project description: _____

If land is being purchased, how will the land be used?

Economic development Governmental use Other _____

Itemized project cost: _____

Date(s) of next four board or council meetings: _____

Has money been spent on the project that is to be reimbursed? Yes No

Do you currently have debt outstanding for this project? Yes No

If so: Short term (notes) or Long term (bonds)

Term of financing for project (in years 1-25) _____

Source of payment for project: General fund Enterprise fund Dedicated levy

Other _____

Other information you would like to share _____

Next OCAF disbursement date will be announced when the \$5 million minimum has been reached.