



INDIANA BOND BANK
2018 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 2017 legislative body meetings: _____

DID YOU PARTICIPATE IN THE 2017 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 []

Would you prefer the cost only structure?

Yes [] No []

(Please note fee is due upfront.)

Would you prefer the collar structure?

Yes [] No []



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

	<u>2016</u>	<u>2017</u> (As of Aug. 31, 2017)	<u>Budgeted 2018</u>
Gasoline			
Consumption (Gallons)			
Budgeted Amount	\$	\$	\$
Actual Amount	\$	\$	Not Applicable
Average Annual Fuel Price	\$ /gallon	\$ /gallon	Not Applicable
Diesel			
Consumption (Gallons)			
Budgeted Amount	\$	\$	\$
Actual Amount	\$	\$	Not Applicable
Average Annual Fuel Price	\$ /gallon	\$ /gallon	Not Applicable

Monthly Consumption – Gasoline

	<u>2016</u> (In Gallons)	<u>2017</u> (In Gallons)	<u>Projected 2018</u> (In Gallons)	
<u>Month</u>				
January				*
February				*
March				*
April				*
May				*
June				*
July				*
August				*
September			*	*
October			*	*
November			*	*
December			*	*
Total			*	*

*Estimated



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Monthly Consumption - Diesel

<u>Month</u>	<u>2016</u> <u>(In Gallons)</u>	<u>2017</u> <u>(In Gallons)</u>	<u>Projected 2018</u> <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: _____



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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 2018 Budget Form 1 for each participating fund.

Please send application to:
10 West Market Street, Suite 2410
Indianapolis, IN 46204
FAX (317) 233-0894
Email: bondbank@inbondbank.com