



**INDIANA BOND BANK**  
**2019 Fuel Budgeting Program**  
**QUALIFIED ENTITY APPLICATION**

**DATE**

**QUALIFIED ENTITY (QE) INFORMATION:**

Name of Political Subdivision: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Name of Contact: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Title: \_\_\_\_\_ Email: \_\_\_\_\_  
 Address: \_\_\_\_\_ Federal ID Number: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**BILLING ADDRESS (IF DIFFERENT):**

Name: \_\_\_\_\_ Contact: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Fax: \_\_\_\_\_

Name of Local Counsel: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Local Counsel Email: \_\_\_\_\_

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

Dates of October and November 2018 legislative body meetings: \_\_\_\_\_

**DID YOU PARTICIPATE IN THE 2018 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>2017</u>	<u>2018</u> <small>(Actual through August 31, 2018 and rest of 2018 projected)</small>	<u>Budgeted 2019</u>
<b>Gasoline</b>			
Consumption (Gallons)	_____	_____	_____
Budgeted Amount	\$ _____	\$ _____	\$ _____
Actual Amount	\$ _____	\$ _____	Not Applicable
Average Annual Fuel Price	\$ _____ /gallon	\$ _____ /gallon	Not Applicable
<b>Diesel</b>			
Consumption (Gallons)	_____	_____	_____
Budgeted Amount	\$ _____	\$ _____	\$ _____
Actual Amount	\$ _____	\$ _____	Not Applicable
Average Annual Fuel Price	\$ _____ /gallon	\$ _____ /gallon	Not Applicable

**Monthly Consumption – Gasoline**

	<u>2017</u> <small>(In Gallons)</small>	<u>2018</u> <small>(In Gallons)</small>	<u>Projected 2019</u> <small>(In Gallons)</small>
January	_____	_____	_____ *
February	_____	_____	_____ *
March	_____	_____	_____ *
April	_____	_____	_____ *
May	_____	_____	_____ *
June	_____	_____	_____ *
July	_____	_____	_____ *
August	_____	_____	_____ *
September	_____	_____	* _____ *
October	_____	_____	* _____ *
November	_____	_____	* _____ *
December	_____	_____	* _____ *
Total	_____	_____	_____ *

\*Estimated



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**Monthly Consumption - Diesel**

<u>Month</u>	2017 <u>(In Gallons)</u>	2018 <u>(In Gallons)</u>	Projected 2019 <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
- Proposed or Adopted (if available) 2019 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](mailto:bondbank@inbondbank.com)**