

**Key Government Finance, Inc., on behalf of Cisco Systems Capital Corp.
Financing Application**

Borrower's Legal Name as Shown on Audited Financials:			
If Borrower's Parent is Different, Input Parent Name Here:			
Website to Obtain 3 years of Audited Financials Found At:			
Street Address			
City		Invoices to be sent to:	
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?
- 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?
- 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) 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?
 If replacement or expansion, is the existing equipment paid off?

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

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

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19) 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 scan and email this application, along with your equipment quote (bill of materials) to elisabeth_stephenson@key.com. Please email the 3 most recent copies of your Audited Annual Financial Statements, plus a copy of this year's budget, to: Elisabeth_stephenson@key.com, Key Government Finance, Inc., Attn: Betsy Stephenson, 1000 S. McCaslin Blvd., Superior, CO 80027

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