

**2006 REGIONAL REVOLVING LOAN FUND
TAX CREDIT APPLICATION**

ELIGIBILITY REQUIREMENTS

To be eligible for an Regional Revolving Loan Fund Tax Credit, the following needs to have occurred:

1. A non-governmental entity has made a contribution (i.e. no repayment of principal, interest, etc., is expected) to a Revolving Loan Fund administered by an "Economic Development Region";
2. The "Economic Development Region" that is administering the Revolving Loan Fund has a regional development plan approved by Iowa Department of Economic Development per Iowa Code section 15G.108.

REGIONAL REVOLVING LOAN FUND TAX CREDIT APPLICATION

Amount of the contribution: \$ _____

Date the contribution was made: \$ _____

Date the contribution was deposited in the Regional Revolving Loan Fund: _____

Name of the Regional Revolving Loan Fund in which the contribution was deposited: _____

(Please attach a copy of the written guidelines/operating plan for the Fund, with documentation of approval of the Regional Governing Board.)

The purpose of the Fund is to enhance economic development in the Region? Yes No

The Economic Development Region administering the Fund has a regional development plan approved by the Iowa Department of Economic Development on _____.
(date)

SECTION I (to be completed by the contributor)

SECTION II (certification by the regional Organization that administers the Revolving Loan Fund)

Name:
Address:
City, State, Zip Code :
Telephone: ()
Email: *(optional)*

I hereby certify that the facts and figures presented in this application are true and correct.

Signature of authorized representative of the contributing organization

Date

Organization:
Contact Person:
Organization Address:
City, State, Zip Code:
Telephone: ()
Email: *(optional)*

I hereby certify that the facts and figures presented in this application are true and correct.

Signature of President/Executive Director

Date

Completed Applications should be mailed to:

**Iowa Department of Economic Development
Regional Revolving Loan Fund Tax Application
Attn: Mr. Mike Miller
200 East Grand Avenue
Des Moines, Iowa 50309-1819
Phone: 515.242.4807 Fax: 515.242.4809
Email: mike.miller@iowalifechanging.com**