

Request for Volume Cap Carryforward

For applications submitted for Carryforward. (Must be submitted December 16.) Email completed form to communications@afa.az.gov with a copy of the inducement resolution or other official action taken by the issuer in connection with the project. Confirmations will not be issued until the application and confirmation fees have been received. This Request and the confirmation shown below are intended to comply with Section 146 of the Internal Revenue Code of 1986, as amended.

| Issuer | Issuer's EIN |
|--|---|
| Date of Inducement Resolution or other official | al action |
| Applicant (Issuer, Bond Counsel, or other | er Interested Party) |
| Company | Work Phone |
| Contact | Mobile Phone |
| Title | Email |
| Address | |
| Project Description | |
| Volume Cap Requested \$ | |
| | |
| Project Address | |
| Brief Project Description: (if space below is no | ot sufficient please note "see attached" and include it separately) |
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| | |
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| | |
| Security Deposit | |
| A refundable security deposit of 1% of the rec | quested Volume Cap is required unless one of the following applies: |
| If applying as a nonprofit, please provide | evidence of the following: |
| Name of the nonprofit corporation | |
| Status | |
| State of incorporation | |
| Affiliation with the project | |

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| knowledge of the Applicant. | ded for above and attached is accurate to the best |
|--|---|
| Signature | Date |
| Application and Confirmation Fees | |
| An Application Fee of \$5,000 is due with this application. W Volume Cap signed by the Arizona Finance Authority, a Co Cap and a refundable security deposit, if applicable, is due. | nfirmation Fee of \$320 per \$1 million of requested Volume |
| Arizona Finance Authority c/o Office of Economic Opportunity 1810 West Jackson, #68 | Wire Information Bank of America Account Name: BNF:OEO/EOA Arizona Finance Authority Account Number: 000001000985 Routing Number: 026009593 |
| To be completed by the Arizona Finance A Date/Time Application Received Application Fee Received: Security Deposit Requirements Project ID | Inducement Resolution Received: |
| AFA Program Manager (Signature) | Date |
| Receipt of fees and deposits Date Received | |

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