

Project Verification Report - Recovery Zone Bonds

Reference: Executive Order of the Governor of the Commonwealth of Virginia,  
dated September \_\_, 2009

**[Due no later than Tuesday, December 15, 2009]**

Attn:

Hand Deliveries

Patrick Henry Building  
1111 East Broad Street  
Richmond, VA 23219

U.S. Mail

P.O. Box 1475  
Richmond, VA 23218

1. GENERAL INFORMATION

A. Locality: \_\_\_\_\_

B. Issuing Entity: \_\_\_\_\_

C. Name of Project or Purpose: \_\_\_\_\_

D. Type of Bonds

Recovery Zone Economic Development Bonds

Recovery Zone Facility Bonds

E. Bond allocation reserved: \$ \_\_\_\_\_

F. Waived allocation(s) and type(s): \$ \_\_\_\_\_

2. PROJECT INFORMATION

A. General Description of the Project or Purpose, as applicable:

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B. Location of Project or Purpose (City, County, or Town) \_\_\_\_\_

C. Name, address, phone number, and tax ID number of each proposed issuer, borrower, and developer.

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E. Name, address, and phone number of bond counsel.

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3. ATTACHMENTS - THIS PROJECT VERIFICATION REPORT IS NOT COMPLETE UNLESS ALL ATTACHMENTS ARE INCLUDED HEREWITH. ALL DOCUMENTATION MUST BE CURRENT.

A. Inducement resolution, reimbursement resolution, or other documentation of the preliminary approval of the project by the issuing entity, in conformity with applicable federal and state law.

B. Recovery zone designation.

- C. Appropriate elected official's or governing body's (or bodies') formal approval of the project or purpose, as applicable, in conformity with applicable federal and state law.
- C. Written opinion of bond counsel that the project is eligible to utilize Recovery Zone Bonds pursuant to the Internal Revenue Code of 1986.
- D. A definite and binding financing commitment from the purchaser or underwriter of the bonds for the project.

On behalf of the [Issuer/Locality], the undersigned duly authorized official<sup>1</sup> of such, hereby certifies on its behalf, that such person has read the above-referenced Executive Order of the Governor, dated September \_\_, 2009, is familiar with the matters therein, and is authorized by the [Issuer/Locality] to make this filing and to discuss the matters herein.

By: \_\_\_\_\_  
Signature of Authorized Official

Name (please print) \_\_\_\_\_

Title \_\_\_\_\_

Locality Address \_\_\_\_\_  
\_\_\_\_\_

Phone Number of Authorized Official: \_\_\_\_\_

Email:

Date \_\_\_\_\_, 2009

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<sup>1</sup> Authorized official shall mean the chief executive officer, and if not available, the highest elected official.