

**COMMONWEALTH OF VIRGINIA  
TREASURY BOARD ENERGY LEASING PROGRAM  
Financing Request Certificate**

Date \_\_\_\_\_

Agency Name		Agency Contact	
Address		Title	
Address		Phone	
City		Fax	
Zip		email	

Project Name	
Project Description	
Project Benefit	
Estimated Project Cost ( <b>please provide an equipment cost breakdown</b> )	\$
Amount to be Financed	\$
Financing Term: (12 or 15 years)	
Payment: (Semi-annual or Annual) <i>Note: Semiannual lease payments will be due six months following the escrow fund date or annual lease payments will be due twelve months following the escrow fund date.</i>	
Project Location (if different from contact address) (e.g., city/county, campus)	

Energy Vendor		
Vendor Contact Name		
Contact Phone/email		
Has energy audit been completed? (if yes, attach executive summary report with projected cash flows)		
Are energy savings guaranteed by a Performance Contract? <b>Please provide a copy of the Energy Performance Contract.</b>		
Estimated Project Begin Date		
Estimated Project End Date		
Please indicate if the escrow account established for the acquisition of the equipment will require 18, 24 or 36 months to complete the project draw.		
Estimated Project Draw Schedule	Dates	Amounts
Has agency received approved Decision Brief for energy projects totaling \$7 million or more? (if yes, please attach copy)		
Has energy project been reviewed/approved by The Department of Mines, Minerals & Energy? (if yes, attach letter)		
Does the agency plan to pay for the equipment and seek a reimbursement financing? (if yes, the section below must be completed)		

**This Financing Request Certificate is deemed a Declaration of Official Intent based on regulations in 26 CFR Section 1.150-2 of the Internal Revenue Code.**

**AGENCY REPRESENTATIVE**

**By:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_