

**Jaime Alvarez**, Chair & Designee  
Oregon State Treasury

**Rhonda L. Nelson**, Designee  
Department of Administrative Services

**Theresa K. Deibele**, Public Member



**PRIVATE ACTIVITY BOND COMMITTEE**

867 Hawthorne Ave SE  
Salem, OR 97301-5241  
(503) 378-4930  
dmd@ost.state.or.us

**PRIVATE ACTIVITY BOND ALLOCATION REQUEST**

**ALLOCATION REQUEST TYPE**

Current Year Allocation Request  
Carry Forward Allocation Request

**DATE:**

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**ISSUER DETAILS**

Issuer:

Address:

City, State, Zip:

Contact Name:

Contact Phone:

Contact Email:

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**PROJECT INFORMATION**

Title of Project:

Project Amount:

Bond Amount:

Request Amount:

Sale Date:

Closing Date:

IRC Section & Paragraph Applicable to Qualifying Private Activity Bond Project *(if selecting 'Other', specify below)*:

Please describe the project:

Expected Number of Family Wage Jobs Created/Saved:

Describe how the project meets statutory standards:

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**HOUSING PROJECT INFORMATION, if applicable**

Expected Number of Resulting Housing Units:

Describe how the affordability status of housing units was determined:

If project qualifies for 4% low income housing tax credit (LIHTC), submit a [Low Income Housing Tax Credit Uses & Sources](#) (see sample).

Has either a pre-application package or a final application package been submitted to [Oregon Housing & Community Services for 4% LIHTC?](#)

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**PRINCIPAL USER OF ISSUE PROCEEDS, if different from Issuer**

Company:

Address:

City, State, Zip:

Contact Name:

Contact Phone:

Contact Email:

**BOND COUNSEL**

Firm Name:

Address:

City, State, Zip:

Contact Name:

Contact Phone:

Contact Email:

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*Requests must be received by Oregon State Treasury – Debt Management Division (contact details on page 1) **at least 2 weeks prior to a scheduled Private Activity Bond Committee meeting** and must **include a non-refundable \$200 application fee** payable to the Office of the State Treasurer with “PAB” in the memo field. Payments by wire are preferred; wire instructions can be provided by fax or phone.*