



Government Leasing and Finance, Inc.  
Application for Equipment Lease

City of Riviera Beach	59-6000417	www.rivierabch.com	
Legal Name of Lessee (Applicant)	Tax ID #	Web address (if, applicable)	
600 West Blue Heron Boulevard	Riviera Beach	Florida	33404
Address	City	State	Zip

**Person(s) to Contact for Clarification Regarding Project**

Michael B. Madden	Interim Chief of Police	561-845-4153
Name	Title	Phone
Randy Sherman	Director of Finance & Administrative Services	561-845-4045
Name	Title	Phone
<a href="mailto:mmadden@rivierabch.com">mmadden@rivierabch.com</a>	561-845-4022	
Email	Fax	
<a href="mailto:rsheer@rivierabch.com">rsheer@rivierabch.com</a>	561-845-8843	

**Obligations / Economics**

Bank Qualified  Non-Bank Qualified   
Are the Applicant's obligations bank qualified (i.e., expected to issue less than \$10 Million in tax-exempt financing this calendar year)?

Moody's Investors Service: \_\_\_\_\_ Standard & Poor's A+ \_\_\_\_\_ Fitch: \_\_\_\_\_  
Please list the Applicant's current underlying bond rating from the rating agencies listed above (if applicable)

Discuss the Applicant's economic trends (stable, positive, negative) and reasons for any variation

Yes  No   
Has the Applicant ever defaulted or non-appropriated on an obligation?

If Yes, \_\_\_\_\_  
Please explain

**Demographic Information**

Please provide the following demographic information (please attach any applicable demographic statistics)

Approx square mile 8.3 Population 34,244 Increasing or Decreasing Population? Increasing  
Cities, Towns and Counties

If Decreasing, \_\_\_\_\_  
Please explain

**Educational Applicants Only**

Enrollment \_\_\_\_\_ Increasing or Decreasing Enrollment? \_\_\_\_\_  
Please also answer the above question regarding the resident city

If Decreasing, \_\_\_\_\_  
Please explain

Elementary: \_\_\_\_\_ Middle: \_\_\_\_\_ High School: \_\_\_\_\_ Other: \_\_\_\_\_  
How many schools make up the district (please list the number and type of each school)?



EQUIPMENT FINANCE

Government Leasing and Finance
Essential Use Form

Please see the attached quotations
Purchase Description (please be specific and attach any applicable equipment lists or invoices available)
First Quarter 2019
Est. Equipment Delivery Date

N/A
Are any of the Lease Proceeds for reimbursement of prior purchases? If yes, has a Reimbursement Resolution been approved by the Governing Body?

Yes [X] No [ ]
Is the Equipment replacing existing equipment?

If Yes, 8-12 Years (Police Vehicle Replacement)
Please state how long you have currently used the Equipment and the reason you are replacing the Equipment

Use as Non-Police Vehicle or Auction
What will the Applicant do with the old equipment that is being replaced?

If No, N/A
Please state the reason additional equipment is needed

Use as Non-Police Vehicle or Auction
What will the Applicant do with the old equipment that is being replaced?

Please describe in detail the following (please be specific)

Police Vehicles
What will the Equipment be used for?

Police Vehicles for Police Officers
Describe the essential nature of the equipment financed

Police Department
List the specific department that will be the primary user of the Equipment

Lease Payments

Yes [X] No [ ]
Will the lease payments be made from Applicant's General Fund?

If No,
From which Special Fund will the lease payments be made?

Yes [ ] No [X]
Will any federal grant or loan monies be used? If so, please describe

Yes [ ] No [X]
Has the first payment been appropriated?

Terms and Conditions

\$850,000.00 Total Cost of Equipment
N/A Advance payment
\$850,000.00 Amount to Finance

Three (3) Term (in years)
Annual [X] Semi-Annual [ ] Quarterly [ ] Monthly [ ]
Frequency (choose one):

Advance [ ] Arrears [X]
Remittance (choose one):
Estimated First Quarter 2019
Equipment Delivery Date

Self Insured
Insurance Company Name or indicate Self Insured
Amount of Liability Insurance
Amount of Property Damage Insurance

The undersigned hereby certifies that all the information in the above Application for Equipment Lease and Essential Use Form is true, complete and correct.

Applicable Signature Randy Sherman
Title Director of Finance and Administrative Services
Date 9/20/18