



**COMMUNICATION SYSTEM REVOLVING FUND**  
**Radio Equipment Lease/Tower Access Lease Application**

*Some information on this application is required for rating agency purposes. Call Vicki Shanley, Lease Program Coordinator at (785) 296-3662 to receive this form in an alternative format.*

[www.ksdot.org](http://www.ksdot.org)

**APPLICANT INFORMATION**

Governmental Org.

Private Org.

For official use only

**KDOT CSRF Lease #** \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Applicant Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Title: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Contact Email Address: \_\_\_\_\_

Contact Address (if different): \_\_\_\_\_

Contact Fax Number: \_\_\_\_\_

Applicant's Legal Counsel: \_\_\_\_\_

Counsel Address: \_\_\_\_\_

Counsel Phone Number: \_\_\_\_\_

Counsel Email Address: \_\_\_\_\_

Counsel Fax Number: \_\_\_\_\_

## 800 MHz RADIO EQUIPMENT INFORMATION

### Motorola

*Quantity* *Portable*  
*Requested Radios*

\_\_\_\_\_ APX7000  
\_\_\_\_\_ APX7000XE  
\_\_\_\_\_ APX6000  
\_\_\_\_\_ XTS 5000  
\_\_\_\_\_ XTS 2500  
\_\_\_\_\_ XTS 1500

*Mobile*  
*Radios*

\_\_\_\_\_ APX7500  
\_\_\_\_\_ APX6500  
\_\_\_\_\_ XTL 5000  
\_\_\_\_\_ XTL 2500  
\_\_\_\_\_ XTL 1500

### EF Johnson

*Quantity* *Portable*  
*Requested Radios*

\_\_\_\_\_ 5100 ES  
\_\_\_\_\_ 51FIRE ES  
\_\_\_\_\_ 51SL ES  
\_\_\_\_\_ 51 LT ES

*Mobile*  
*Radios*

\_\_\_\_\_ 5300 ES  
\_\_\_\_\_ 53 SL ES

### TAIT Radio

*Quantity* *Portable*  
*Requested Radios*

\_\_\_\_\_ TP9160  
\_\_\_\_\_ TP9155  
\_\_\_\_\_ TP9140  
\_\_\_\_\_ TP9135

*Mobile*  
*Radios*

\_\_\_\_\_ TM9155  
\_\_\_\_\_ TM9135

### Kenwood

*Quantity* *Portable*  
*Requested Radios*

\_\_\_\_\_ TK-5410

*Mobile*  
*Radios*

\_\_\_\_\_ TK-5910

**Motorola System Infrastructure** (Please attach a separate sheet with system description)

**TOWER ACCESS INFORMATION**

Site Name: \_\_\_\_\_ County Location: \_\_\_\_\_  
City Name: \_\_\_\_\_  
Tower Space: \_\_\_\_\_ Height Requested: \_\_\_\_\_  
# of Antennas: \_\_\_\_\_ Antenna Type: \_\_\_\_\_  
Total ERP: \_\_\_\_\_ Coax Type: \_\_\_\_\_  
Racks/Cabinets Requirements: \_\_\_\_\_ Racks/Cabinets Dimensions: \_\_\_\_\_  
Transmitter Requirements: \_\_\_\_\_ Receiver Requirements: \_\_\_\_\_

TX Freq 1: _____	RX Freq 1: _____	TX 1 Pwr Out: _____	ERP: _____
TX Freq 2: _____	RX Freq 2: _____	TX 2 Pwr Out: _____	ERP: _____
TX Freq 3: _____	RX Freq 3: _____	TX 3 Pwr Out: _____	ERP: _____
TX Freq 4: _____	RX Freq 4: _____	TX 4 Pwr Out: _____	ERP: _____
TX Freq 5: _____	RX Freq 5: _____	TX 5 Pwr Out: _____	ERP: _____

Requested Access Start Date: \_\_\_\_\_

**OTHER INFORMATION REGARDING APPLICANT**

If governmental organization please complete the following:

Type of Governing Body: \_\_\_\_\_  
Name and Title of Presiding Officer: \_\_\_\_\_  
Name of and Title of Applicant's Clerk: \_\_\_\_\_  
Day of Month Governing Body Conducts Regular Meetings: \_\_\_\_\_  
Official Newspaper of the Governmental Organization: \_\_\_\_\_  
Publication Dates of the Official Paper: \_\_\_\_\_  
Address of Governmental Unit: \_\_\_\_\_  
(only if different than Applicant) \_\_\_\_\_  
\_\_\_\_\_

**APPLICANT FINANCIAL INFORMATION**

Clerk/Finance Officer Name: \_\_\_\_\_

Federal Taxpayer ID No.: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Give a history of the population of Applicant's jurisdiction and an estimate of future population growth

Population				
1980	1990	2000	2010	2020

What is the assessed valuation of Applicant's jurisdiction for each of the past five (5) years?

	Equalized Assessed Value of Tangible Taxable Property	Tangible Taxable Value of Motor Vehicles	Total Equalized Assessed Value of Tangible Taxable Property
2007			
2008			
2009			
2010			
2011			

Use the space below for a schedule of existing and forecasted debt obligations of the government unit during the term of the lease agreement. Attach a payment schedule of all debt obligations. Use a separate sheet for additional information if necessary.

Issue Date	Maturity Date	Lender / Bond Issue	Payment Amount	Payment Frequency (Annual, Semi-Annual, Quarterly, Monthly)	Rate	Amount Outstanding

What is Applicant's current total mill levy? \_\_\_\_\_

Estimated Term of Lease in Years: \_\_\_\_\_

Estimated Total Dollar Amount of Lease: \_\_\_\_\_



## ADDITIONAL REQUIREMENTS CHECKLIST

- Have you attached the following financial information?
  - Audited financial statements for the most recent three years
  - Budget and year-to-date statements for the current year
  - Budget for the coming calendar year if available
- Have you attached a bond-rating letter or insurance binder, if applicable?
- Have you attached a schedule of payments on current debt obligation?

This is in addition to the schedules in the audited financial statements.

***Failure to properly complete all sections of the financial information on this application according to the instructions given, will cause the application to be rejected.***

This information should be sent in electronic format if at all possible. If your CAFR is available on your website, send the web address and KDOT will download it from there. Please contact Vicki Shanley at the address below if you have any questions.

Kansas Department of Transportation  
Attn: Vicki Shanley  
Eisenhower State Office Building  
700 SW Harrison St, 6th Floor  
Topeka, KS 66603-3745  
785-296-3662  
vickish@ksdot.org

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**AUTHORIZED SIGNATURE**

*The person submitting the application as well as the presiding officer for the governing body must read, agree, and sign the statement below for this to be considered an official application.*

As the Applicant, or as an authorized representative of the Applicant, I hereby submit this Application for a Radio Equipment Lease or Tower Access Lease. I represent that the information and financial data contained herein and attached hereto are true and correct to the best of my knowledge. I understand that the following conditions apply to this application:

Additional information may be requested;

I authorize the Kansas Department of Transportation to independently verify any information contained in this application;

Acceptance and consideration of this application does not constitute a commitment for any lease by or from the State of Kansas or the Communication System Revolving Fund; and

Acceptance for any lease (or financial assistance represented thereby) may require the Applicant to purchase bond insurance and/or pledge to levy ad valorem taxes without limitation as to the rate or amount upon all taxable tangible property, real or personal, within the territorial jurisdiction of the Applicant.

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*Signature of Person Submitting Application*

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*Typed or Printed Name*

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*Title of Person Submitting Application*

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*Date*

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*Signature of Presiding Officer for Applicant's Governing Body*

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*Typed or Printed Name*

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*Title of Presiding Officer*

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*Date*