

EXHIBIT D

FORM OF DRAW REQUEST

Port Authority of the City of Saint Paul

The undersigned being the _____ of the Parks Department of the City of Saint Paul (the "City") does hereby certify pursuant to the Joint Powers Agreement, dated as of October __, 2021, between the City and the Port Authority of the City of Saint Paul (the "Port Authority") as follows:

I have read the Agreement. All capitalized terms used in this Request have the meaning given to them in the Agreement. This Request is being delivered to the Trustee in accordance with said Agreement.

(1) The amount and nature of each item of Eligible Costs requested to be reimbursed to the Company is attached hereto as Schedule A.

(2) Each item of cost for which payment or reimbursement is requested is or was necessary in connection with the EAB Project and qualifies as an Eligible Cost.

(3) No item of cost requested to be paid or reimbursed by this Request has formed the basis for any previous request for reimbursement of Eligible Costs.

(4) The balance remaining on deposit with the Port Authority, along with any other funds allocated by the City for the EAB Project for such purpose, after disbursement of money therefrom in accordance with this Request, will be sufficient to pay the remaining costs of acquiring, constructing and equipping the EAB Project.

You are hereby requested to reimburse the City for prior payments made for Eligible Costs for the amounts shown on Schedule A as shown on said schedule.

Date: _____, 202__

CITY OF SAINT PAUL, MINNESOTA
a Minnesota municipal corporation

By: _____
Its: _____

SCHEDULE A TO DRAW REQUEST FORM

Expenses for the EAB Project to be Reimbursed by the Port Authority

1. The proposed reimbursement is from the sale proceeds of the Port Authority's _____.
Bonds the proceeds of which are intended to fund the EAB Project.
2. The Business Day of the proposed Reimbursement is _____.
3. The principal amount of the proposed Reimbursement is \$ _____.
4. The Reimbursement shall be wired in accordance with the Agreement to:

U.S. Bank, N.A.

ABA#:

Beneficiary#:

A/C Name: City of Saint Paul General Account

OBI: 2022-1 EAB Financing Draw #__

Attn: Treasury EAB Financing Draw

Payee Amount

Total