BOND ISSUE INFORMATION

Questions? Call 1-877-466-4523

SCHEDULE A

Type of Bond Issue: ☐ General Obligation ☐ Revenue ☐ Certificate of Participation (COP)

Name and Full Title of Bond Issue: _____

Purpose of Bond Issue: _____ Date Bond Issue Settled: _____

1. Original proceeds of the bonds: *(par, less any original issue and underwriting discount, plus any premium and accrued interest)* $ _____
2. Total amount of bond proceeds available for deposit: $ _____
3. Difference between lines 1 and 2, if any: $ _____

Difference results from:
☐ Reimbursement on closing date for prior advances
☐ Payment on closing date of accumulated invoices then due and payable, including issuance costs
☐ Other _____

Names and amounts of other related bond funds (i.e., debt service fund, sinking fund, debt service reserve fund, revenue fund or other funds that are or may be deemed to be proceeds of the bond issue), if any:

_____

Final Maturity Date of Bonds: _____ Bond Year Election (if applicable): _____

Bond yield calculated pursuant to the Rebate Regulations (%): _____

Is the 6-month exception applicable to this issue?	☐ **Yes**	☐ **No**
Is the 18-month exception applicable to this issue?	☐ **Yes**	☐ **No**
If yes, what are the estimated earnings? $ _____		
Is the construction exception (24-month spenddown) applicable to this issue?	☐ **Yes**	☐ **No**
If yes, what are the estimated earnings? $ _____		
If the 24-month spenddown is applicable, has the issuer elected to pay a penalty in lieu of rebate?	☐ **Yes**	☐ **No**
Is the small issuer exception ($5,000,000/$15,000,000) applicable to this issue?	☐ **Yes**	☐ **No**
If deposit is not made on the date of issuance of the bonds, has any portion of the issue been refunded?	☐ **Yes**	☐ **No**

Please provide copies of the following bond documents:

- **Appropriate IRS Form 8038-G or similar document**
- **Non-Arbitrage or Tax Certificate**
- **Official Statement**
- **Trust Indenture, if applicable**
- **Draw Schedule**

Name of Bond Counsel: _____ **Contact Name:** _____

Street Address: _____ **Phone Number:** _____

City: _____ **State:** _____ **Zip:** _____ **Email Address:** _____

Any document received by email will not be accepted. Please send by fax or mail.

FAX TO: MILAF+ Client Service Group 1-888-535-0120	**MAIL TO:** MILAF+ Client Services Group P.O. Box 11760 Harrisburg, PA 17108-1760

Print Form

Clear Form