



Idaho State School Bond Guaranty Application
And School Bond Credit Enhancement Application

Name of District (Issuer): \_\_\_\_\_

Chief Contact Officer: \_\_\_\_\_

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

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

E-mail Address: \_\_\_\_\_

Financial Advisor: \_\_\_\_\_, Phone Number: \_\_\_\_\_

Underwriter: \_\_\_\_\_, Phone Number: \_\_\_\_\_

Bond Counsel: \_\_\_\_\_, Phone Number: \_\_\_\_\_

Do you wish to apply for the EFIB's Credit Enhancement? Yes \_\_\_ No \_\_\_

- If yes, please submit an application fee of \$500.00 (non-refundable) along with this application. Checks should be payable to 'EFIB'.

Amount of Bond Issue: \$ \_\_\_\_\_ Anticipated Date of Sale: \_\_\_\_\_

Do you expect to issue more than one series of bonds this year? Yes \_\_\_ No \_\_\_

Date of Authorizing Bond Election: \_\_\_\_\_ Amount Authorized: \$ \_\_\_\_\_

- Property value for assessment purposes, for the district at the time of bond election: \$ \_\_\_\_\_
Amount of Outstanding Bonds Issued Under Election stated above: \$ \_\_\_\_\_

Total Outstanding General Obligation Bonds of the District: \$ \_\_\_\_\_

Expected Underlying Bond Rating(s): \_\_\_\_\_, Rated By: \_\_\_\_\_

Outstanding Bonds Issued Under the ISBG Program: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Will this issue be a refunding? Yes \_\_\_ No \_\_\_; If so, will it refund any of the above bonds? Yes \_\_\_ No \_\_\_

- ISBG Program Bond Issues Being Refunded: Series \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Applicant Signature, Title

Date

Please submit an electronic copy of the signed application and request letter, school district's three most recent audits, and current adopted budget, via e-mail to SchoolBondGuaranty@sto.idaho.gov