



Robert O. Lenna, *Executive Director*  
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## SCHOOL REVOLVING RENOVATION FUND - PREPAID APPLICATION

The undersigned Government Unit (the application) hereby requests the Maine Municipal Bond Bank (the Bank) to purchase the following

### GENERAL INFORMATION

Name of Applicant:

Mailing Address:

Physical Address:

	Chief Administrative Officer	Contact Person( if different)
Name	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Title	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Telephone	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Fax	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Email	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>

Purpose of Borrowing:

Source of Funds		Project Cost Breakdown	
Amount Requested from Bond Bank (this application)	\$	Land	\$
Federal grant or loan- <i>Specify</i>	\$	Design	\$
State grant or loan- <i>Specify</i>	\$	Contractors	\$
Applicant's share	\$	Legal	\$
Other- <i>Specify</i>	\$	Contingency	\$
Other- <i>Specify</i>	\$	Other- <i>Specify</i>	\$
<b>Total Source of Funds</b>	\$ -	<b>Total Project Costs</b>	\$ -

# PROJECT INFORMATION

A current listing of approved Bond Counsel can be found on our website at [www.mmbb.com](http://www.mmbb.com).

Bond Counsel: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_

Form of Authorization     Referendum     Council     Town Meeting     Other \_\_\_\_\_

Amount Authorized: \$ \_\_\_\_\_ Date of Authorization : \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Project Bid Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Expected Completion Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

How much, if any, is refinanced: \$ \_\_\_\_\_

Original Date of Loan Being Refinanced \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

# ECONOMIC INFORMATION

Yes     No    Are there any other factors that have occurred since the date of the last annual report or financial statements that would significantly affect your revenue, expenditures or overall financial condition?

If yes, please list:

Yes     No    There is pending litigation in excess of \$10,000. *If yes, we will need a statement from your local legal counsel about any such lawsuit.*

Yes     No    There is in place in your community or pending before the governing body, a limitation on the ability of governmental unit to raise, through taxes or rates, or expend from revenues, funds necessary to pay the costs incurred if you issue the debt called for in this application. *If yes, please provide a copy of the ordinance or proposed governmental unit action, explaining the possible limitation.*

Yes     No    Other-please explain:

Yes     No    Are there any limitations (e.g. local ordinance, statutory, or regulation) governing the amount of bonded or general obligation debt that you may incur?

If yes, please explain:

# STATEMENT OF DEFAULT

We hereby certify that (*applicant's name*) \_\_\_\_\_ has not defaulted on any payment of matured Principal and/or Interest. If default has occurred, please provide details on a separate page.

The applicant must enclose the following documentation with the completed application. *Please indicate whether it is enclosed or not applicable.*

Enclosed      N/A

- One copy of each of the last three annual Audited Financial Statements. If there is no operational history, please submit an analysis demonstrating financial feasibility.
- If the latest Audited Financial Statement is more than 12 months old, please submit the most recent unaudited financial statement (*e.g. trial balance, balance sheets, statement of revenue and expenditures*).
- One copy of the latest Budget.
- Two copies of the last annual report. School Districts should include an annual report for each underlying municipality.
- Financial Information for each municipality being served by a school district.

Any material facts that amplify the financial effect on the community, not requested in this application, should be noted here:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The facts and representations in this application form are from the official records of this unit and are correct in all material aspects to the best of our knowledge.

Chief Administrative Officer: \_\_\_\_\_ (name)      \_\_\_\_\_ (title)

Signature: \_\_\_\_\_

Treasurer: \_\_\_\_\_

Date: \_\_\_\_\_