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POOLED TAX ANTICIPATION WARRANT PROGRAM Application for Illinois School Districts

Note: Application due dates vary based on the date funds are needed by school districts. To ensure timely processing, districts should submit an application to IFA as soon as short-term (13 months or less) borrowing needs are identified. For information regarding due dates and processing, contact Nona Myers at 217/782-5792, nmyers@il-fa.com.

Please complete all questions. If not applicable, write N/A.

School District Name: _____ District Number: _____

Federal Tax Identification Number: _____

County or Counties in which Located: _____

Address: _____

Name of Contact Person: _____

Title: _____ Phone: _____

FAX: _____ E-Mail: _____

Month/Dates/Time of upcoming school board meetings (next 3 months):

Month			
Date			
Time			
Meeting Location			

School district enrollment by school year:

<u>2005-2006</u>	<u>2006-2007</u>	<u>Estimate 2007-2008</u>	<u>Estimate 2008-2009</u>	<u>Estimate 2009-2010</u>
_____	_____	_____	_____	_____

Approximate amount of funds needed? \$ _____ Projected date funds needed? _____

What date does the District expect to pay the tax warrants being issued? _____

Check the funds for which you expect to issue Tax Anticipation Warrants:

Education Operation & Maintenance Transportation Other: _____

BORROWING HISTORY

1. Complete the following for Tax Anticipation Warrants issued in prior years. If none, write "NONE" as applicable.

<u>Fiscal Year-End</u>	<u>Amount Issued in Fiscal Year</u>	<u>Amount Outstanding at end of Fiscal Year</u>	<u>Amount Outstanding as of this Application Date</u>	<u>Mature on</u>	<u>Borrowing Source</u>
2007	\$ _____	\$ _____	\$ _____	_____	_____
2006	_____	_____	_____	_____	_____
2005	_____	_____	_____	_____	_____
TOTAL OUTSTANDING			\$ _____		

2.a) Does the District expect to issue more than \$5,000,000 in tax exempt obligations in calendar year 2006?
 YES NO

b) If yes, please describe the nature and amount of each of these expected financings other than the Warrants to be sold to the Illinois Finance Authority: (If necessary, attach additional pages.)

3. Has the District defaulted in the payment of any debt obligation? If yes, attach an explanation.
 YES NO

4. **Additional financial information required as part of this application or under separate cover:**

1. Audits for the last three (3) Fiscal Years (FY 2005-FY 2007)
2. Certificate of Tax Levy (ISBE 50-02) 2007 (signed by all parties)
3. Districts in tax capped counties: Certificate of Compliance with the Truth in Taxation Act for the 2005 Tax Levy
4. Fiscal Year 2008 cash flow projections for only those funds the district anticipates borrowing against, if available (extended through June 30, 2008)
5. Fiscal Year 2006 District Budget, or most current budget, on state budget form (EXCEL) (ISBE 50-36)
6. Monthly Treasurer's Reports – starting with July 1, 2006 through the current Fiscal Year to date (prepared for board of education meetings)
7. Copy of Board Meeting Minutes adopting the current year budget
8. Copy of Board Meeting Minutes adopting the Tax Levy Resolution

I hereby certify that, to the best of my knowledge, all information on this Application is true and complete.


Note: Board action is not required for application submittal.


Signature: _____


Date: _____

Thank you for your application.

Contact Nona Myers @
 217.782.5792 (phone)
 217.725.5760 (cell)

Email:
 nmyers@il-fa.com

Fax Application to:
 217.782.3989

Mail Financials to:
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Illinois Finance Authority
 www.il-fa.com