STATE OF FLORIDA, DEPARTMENT OF EDUCATION
ISSUANCE REPORT PURSUANT TO PART IX OF CHAPTER 159, FLORIDA STATUTES

Issuing Agency: _____

Name of Bonds: _____

Dated Date: _____ Delivery Date: _____

Bond Rating(s) _____ Not Rated G
(Include name of Rating Agency(ies) and rating(s). If bonds are not rated, check box at right.)

Par Amount of Bonds: $ _____ Amount of bond proceeds distributed at issuance:

Allocation Received: $ _____ $ _____

Allocation Utilized: $ _____

Excess Allocation: $ _____

Is there an unfilled allocation request pending for these Bonds? Yes G No G

If yes, select one of the following: We wish to -

G cancel our pending request and any excess allocation.
G cancel our pending request and retain the excess allocation until its expiration date.
G remain on the pending list for the unfunded amount of our request and to retain any excess allocation until its expiration date.

If no, and there is excess allocation remaining after issuance, select one of the following: We wish to -

G cancel the excess allocation.
G retain the excess allocation until its expiration date.

(Note: The Department of Education will issue a final confirmation letter to the district or charter school upon receipt of this Issuance Report certifying that bonds have been issued utilizing all or a portion of the allocation granted.)

Check one: G Public Offering G Private Placement

Check applicable categories: G Construction G Rehabilitation or Repair

G Land Acquisition G Equipment

Project Sponsor or Private Borrower (if applicable):

Name _____

Address _____

Phone Number _____ Contact Person _____

Address of Project: _____

Name & Address of Bond Counsel: _____

_____

Name & Address of Senior Underwriter or Private Placement Agent:

_____

_____

Submitted by: _____/_____/_____
(typed or printed name) (role; i.e., issuer, bond counsel, F.A., etc.) (telephone)

(OEF Form 413)