

AUTHORITY: Act 108, 1961, as amended

COMPLETION: **Required**

Due Date: August 1, 2004

Michigan Department of Treasury
Office of Cash and Debt Management
School Bond Loan Program
PO Box 15128
Lansing, MI 48901

**School Bond Loan Program
Preliminary Loan Application
Cover Transmittal**

School District Name _____

PURPOSE: Use this form as a cover sheet and checklist when returning your Preliminary Loan Application. (Please check off indicated items.)

_____ School Board certified resolution (with board votes recorded on page 2)

_____ Exhibit A: Representations and Covenants

_____ Exhibit B: Preliminary Loan Worksheet

_____ Copy of Bank Statements or copy of Audit

CONTACT PERSON IF CHANGED: Person to whom questions and correspondence concerning this application should be directed.

Name: _____

E-Mail Address: _____

Telephone #: _____

Fax #: _____

Certification: I have reviewed the application for the purpose of assuring that borrowing from the School Bond Loan Fund has been minimized through proper allocation of debt levy. I certify that the information contained in this application is complete and accurate in all respects.

(Signature of Authorized Officer)

refer to section 5 of the board resolution

(Title)

(Date)

MAILING INSTRUCTIONS: Return ONE copy by **August 1, 2004** to the STATE at the above address

Direct questions to:

Jennifer Lopez

Telephone: (517) 335-0525

Fax: (517) 241-1233