



BOND ISSUE INFORMATION

SCHEDULE A

Type of Bond Issue: General Obligation Revenue Certificate of Participation (COP)
Name and Full Title of Bond Issue:
Purpose of Bond Issue: Date Bond Issue Settled:
(Equipment, Construction, Refunding, etc.)

1. Original proceeds of the bonds: (par, less any original issue and underwriting discount, plus any original issue premium and accrued interest) \$
2. Total amount of bond proceeds available for deposit: \$
3. Difference between lines 1 and 2, if any: \$

Difference results from: Reimbursement on closing date for prior advances
Payment on closing date of accumulated invoices then due and payable, including issuance costs
Other

Names and amounts of other related bond funds (i.e., debt service fund, sinking fund, debt service reserve fund, revenue fund or other funds that are or may be deemed to be proceeds of the bond issue), if any:

Final Maturity Date of Bonds: Bond Year Election (if applicable):
Bond yield calculated pursuant to the Arbitrage Rebate Regulations (%):

Is the 6-month spending exception projected to apply to this issue? Yes No
Is the 18-month spending exception projected to apply to this issue? Yes No
If yes, what are the estimated earnings? \$
Is the construction spending exception (24-month spenddown) projected to apply to this issue? Yes No
If yes, what are the estimated earnings? \$
If the 24-month spenddown is applicable, has the issuer elected to pay a penalty in lieu of rebate? Yes No
Is the small issuer exception (\$5,000,000/\$15,000,000) applicable to this issue? Yes No
If deposit is not made on the bond date of issuance, has any portion of the issue been refunded? Yes No

If applicable, please provide copies of the following bond documents:

- Appropriate IRS Form 8038 or 8038-G or similar document • Official Statement • Trust Indenture, if applicable
• Non-Arbitrage or Tax Certificate • Draw Schedule

Name of Bond Counsel: Contact Name:
Street Address: Phone Number:
City: State: Zip Email Address:

Table with 2 columns: FAX TO (NJ/ARM Client Services Group, 1-800-252-9551) and MAIL TO (NJ/ARM Client Services Group, P.O. Box 11760, Harrisburg, PA 17108-1760). Includes note: Any document received by email will not be accepted. Please send by fax or mail.