



OREGON SCHOOL BOND GUARANTY PROGRAM REQUEST FOR QUALIFICATION

District Name & Number:

District County:

Contact Person & Title:

Physical Address:

Mailing Address:

Phone Number & Email:

Answer the following questions pertaining to qualification for the guaranty **30 days prior to the Closing date or no later than 10 business days prior to the Bond Pricing/Marketing date**. *If the District is asked or needs to make any updates to the application, a new one will need to be filled out and submitted to Oregon State Treasury. Please visit the [OSBG webpage](#) for further information.*

	<p>1. Has the District ever failed to pay debt service on any of its Bonds, Certificates of Participation or any other financial obligations when due? <i>If yes, please attach an explanation of the circumstances and resolution of any such defaults</i></p>
	<p>2. Are there any current lawsuits against the District challenging the ability or authority of the District to issue Bonds, or that may materially affect the ability of the District to make scheduled debt service payments on its Bonds, or any other financial obligations when due? <i>If yes, please attach an explanation of the lawsuit and potential outcomes</i></p>
	<p>3. Has the District been contacted and/or participated in an investigation by an oversight agency; such as the IRS or SEC? <i>If yes, please attach an explanation of the circumstances and resolution</i></p>
	<p>4. Is the District within the statutory debt limits defined by the Oregon Revised Statutes? <i>Grades K-8: ORS 328.245(1); Grades 9-12: ORS 328.245(2); Community Colleges: ORS 341.675(3)</i></p>
	<p>5. Enter the amount of property tax-based General Obligation debt the District is authorized to incur by law</p>
	<p>6. Enter the amount of property tax-based General Obligation debt the District now has outstanding</p>
	<p>7. Enter the estimated maximum total par amount of the proposed Bond issue below: 7a. Enter the estimated maximum amount of Current Refunding 7b. Enter the estimated maximum amount of Advance Refunding 7c. Enter the estimated maximum amount of New Money</p>
	<p>8. Enter the estimated number of years of the proposed Bond issue</p>
	<p>9. Enter the estimated average annual principal and interest debt service of the proposed Bond issue at current interest rates or provide a preliminary debt service schedule for the proposed Bond issue. <i>If the proposed Bond issue will refund existing issue(s), also provide preliminary refunded debt schedule(s)</i></p>
	<p>10. Method of Sale</p>
	<p>11. Paying Agent</p>
	<p>12. Closing Date</p>
	<p>13. Pricing Date</p>
	<p>14. Underlying Ratings and Rating Agency (use NR if not rated)</p>

	15. \$200 application fee paid by
	16. District submitted ALL of the following requirements with the application?

1. Executed Resolution that includes; dated within a year of of application, authorization, election tie, distribution amount, timing of issuance. *In lieu of producing a new resolution, an Executed Amending Resolution with the language "The first series of Bonds are expected in { } in a principal amount not to exceed { } and are expected to be captioned 'General Obligation Bonds, Series { }'" can be submitted with the main Executed Resolution if it does not include the items outline above and the main Executed Resolution is dated within a year*
2. Election documents; ballot measure, notice of measure election (SEL803) and official election results
3. Last ACFR submitted to the Secretary of State or through EMMA
4. If applicable, listing of any outstanding debt, plus schedules for debt, issued since most recent ACFR
5. Current copy of Financial Report
6. Numbers (Cash Flows); sources & uses, bond summary statistics, bond pricing, bond debt service and bond solution
7. Overlapping Debt Report requested by District from Oregon State Treasury
8. Post-Issuance Compliance Policy and Procedure. *If the District does not have one, implementation and submission of such policy/procedure by an authorized representative of the District will be required*
9. Repayment Assurance Agreement; signed and dated by the authorized District official
10. Distribution List that includes phone numbers, emails, and physical addresses (mailing address if different) of everyone involved pertaining to this request

The undersigned, being an authorized District official, hereby certifies to the accuracy and completeness of the materials provided with this application and hereby requests that the Office of the State Treasurer issue a Certificate of Qualification pursuant to Oregon Administrative Rule 170-063-0000 and the Oregon School Bond Guaranty Act.

By signing below, the requestor acknowledges that execution of an OSBG School Bond Repayment Agreement will be required if the State makes debt service payment on behalf of the District, per OAR 170-063-0000(16)

Signature (authorized official): _____
 Title:

Printed Name:
 Date:

Oregon State Treasury
 Debt Management Division
 867 Hawthorne Ave SE
 Salem, OR 97301-5241
 Phone: 503-378-4930
 Email: dmd@ost.state.or.us

Please note:

If your District is participating in the Oregon School Capital Improvement Matching (OSCIM) Grant Program, your District must comply with the requirements of that program. We recommend you keep copies of documents submitted for your District's OSBG request. Please visit [OSCIM webpage](#) for further information.