

**STATE OF FLORIDA DIVISION OF BOND FINANCE
APPLICATION FOR CARRYFORWARD ALLOCATION**

Date: _____

Is this a Priority Project under State law? Yes _____ No _____

Is this Application Associated with an Existing Allocation? Yes _____ No _____

Prior Division Serial No. of Original Notice of Intent to Issue: _____

Is the Existing Allocation Valid on December 30? Yes _____ No _____

Note: If you do not have a valid allocation on December 30, you must also submit a Notice of Intent to Issue (Form BF 2006) and associated filing fee.

Name, address, telephone number, and e-mail address of person who prepared this Application for Carryforward Allocation:
(The Division of Bond Finance will send approval or rejection to this person unless otherwise directed)

Name: _____ Phone: (_____) _____ Email: _____

Address: _____

Issuing Agency: _____

Company (if applicable): _____

Requested Amount: \$ _____

Purpose: _____

§ 147(f) or similar IRC Approval Date: _____

Approving Authority (Unit of Government): _____

Contemplated Date(s) of Issue: _____

Approving Authority Official (typed or printed): _____ Title: _____

Signature: _____

(For Internal Use of the Division of Bond Finance ONLY)

Received by: _____ Date and Time Received: _____

Carryforward Application to be processed under: _____ Section 159.81(1), F.S. (priority project under § 146(f) of the IRC)

_____ Section 159.81(2)(a)1., F.S. (valid allocation on December 30)

_____ Section 159.81(2)(a)2., F.S. (subject to availability in State Pool)

Status (confirmed or rejected): _____

Amount Confirmed: \$ _____