



SUPPLEMENTAL QUESTIONNAIRE

Please complete and submit with JEDA Bond Application
 to: SC JEDA Attn: Claudia Miller
 1201 Main Street Suite 1600 Columbia SC 29201
 803.737.0284 cmiller@scjeda.com

APPLICANT/BORROWER'S INFORMATION

COMPANY NAME:	
CORPORATE ADDRESS:	
PROJECT ADDRESS:	
BILLING/CORRESPONDENCE ADDRESS POINT OF CONTACT PHONE AND EMAIL	
PROPOSED PROJECT NAME:	
COUNTY(IES) PROJECT IS LOCATED IN:	
PROPOSED PROJECT TIMELINE	
JEDA APPLICATION SUBMITTED:	
JEDA INDUCEMENT:	
CCED APPROVAL:	
TEFRA HEARING:	
FINAL JEDA APPROVAL:	
ANTICIPATED CLOSING DATE:	

PROPOSED FINANCING STRUCTURE- COMPLETE ALL APPLICABLE

<input type="checkbox"/>	REFUNDING ONLY	WHICH SERIES BONDS ARE BEING REFUNDED?
<input type="checkbox"/>	REFUNDING & NEW MONEY	WHICH SERIES BONDS ARE BEING REFUNDED?
<input type="checkbox"/>	PRIVATE PLACEMENT	
<input type="checkbox"/>	LENDER[S] NAME	PROVIDE FULL ADDRESS, CONTACT INFO, EMAIL AND PHONE NUMBER

<input type="checkbox"/>	IF LENDER NOT YET IDENTIFIED-RFP TO BE ISSUED/PENDING/HAS BEEN ISSUED LENDER[S] UNDER CONSIDERATION
<input type="checkbox"/>	TERM SHEET/LETTER OF INTENT ISSUED?
<input type="checkbox"/>	TARGET INVESTORS/MINIMUM DENOMINATION
<input type="checkbox"/>	PUBLIC PLACEMENT
<input type="checkbox"/>	UNDERWRITER ADDRESS, CONTACT INFO, EMAIL AND PHONE NUMBER
<input type="checkbox"/>	PLACEMENT AGENT ADDRESS, CONTACT INFO, EMAIL AND PHONE NUMBER
<input type="checkbox"/>	FINANCIAL ADVISOR ADDRESS, CONTACT INFO, EMAIL AND PHONE NUMBER
<input type="checkbox"/>	SWAP ADVISOR ADDRESS, CONTACT INFO, EMAIL AND PHONE NUMBER
<input type="checkbox"/>	TRUSTEE ADDRESS, CONTACT INFO, EMAIL AND PHONE NUMBER
<input type="checkbox"/>	OTHER COMMENTS