APPENDIX C

THE SCHOOL BOARD OF MIAMI-DADE COUNTY, FLORIDA

LETTER OF CREDIT RESPONSE FORM

Outlined below are the items of information that should be specifically included in your firm's response.

(i) **Name of Bank: _____**

(ii) **LOC Commitment Amount (up to): $_____**

(iii) **Credit Rating:**

Please provide both the short-term and long-term credit ratings of the letter of credit provider from all rating agencies currently maintaining such ratings. Please indicate if any of your current ratings are under review by any credit rating agency and whether there is any reason why the bonds backed by the letter of credit would not receive the same rating as the letter of credit.

Rating Agency	*Short-term Rating*	*Long-term Rating*	*Outlook*
Moody's Investors Service			
Standard & Poor's			
Fitch Ratings			

(iv) **LOC Fee Schedule (Any fees not listed in proposal will not be honored):**

Please include any and all applicable fees in the table below.

Term	*Annual Facility Fee For Line of Credit*
1-Year	
3-Year	
5-Year	
Other (years)	
Payment (semi. / qtr. /advance / arrears)	

	Line of Credit
Bank Bonds Interest Rate	
Default Rate	
Term-Out Loan Rate / Period	
Upfront / Commitment Fee	
Closing Costs & Legal Fees (Capped)	
Proposed Legal Counsel Firm	
Drawing Fee for Bank Purchases	
Amendment Fee	
Substitution / Transfer Fee	
Renewal Fees	
Expenses	
Termination Fee (if any)	
Other	

APPENDIX C

1. **Renewal Provisions:**

   Please describe the terms and procedure for renewal and substitution of the facility.

2. **Security & Financial Covenants:**

   Please list any exceptions or additional covenants desired, if any.

3. **Other Conditions:**

   Please detail any other conditions that would be required of the District.

4. **Reporting Requirements:**

   Please explain any reporting requirements that would be required of the District.

5. **Syndication:**

   Will the facility be syndicated to other banks? If yes, which banks?

6. **Personnel:**

   Please provide the contact information (email, address, phone, fax) of the individuals who will be working with the District.

7. **Other:**

   Please provide any additional considerations, alternate proposal details, or other pertinent information.

Fees and Expenses are to be paid only if the Line of Credit transaction is closed.

By: _____

Title: _____

Date: _____

Signature: _____