ED045R Rev. 05/09
Statutory Ref.: C.G.S. Sections 10-287a through 10-287h and 10-289a

STATE OF CONNECTICUT
Department of Education
Bureau of School Facilities
165 Capitol Avenue
Hartford CT 06106-1630

NOTICE OF REASSIGNMENT OF BOND OR NOTE FUNDS

DISTRICT NAME:	CONTACT PERSON'S NAME:	TELEPHONE NUMBER:

Date of Bond Issue _____

Amount of this Bond Issue $ _____

Amount available for all schools $ _____

Date Note signed _____

Amount of Short Term Note $ _____

Amount available for all schools $ _____

NOTE: Revised assigned amount for any final projects must equal amount reported on the ED049F.

Project No.	Name of Facility	Assigned Amount Previously Reported	Revised Amount Assigned	Total Project Cost (If Revised)

TOTAL ASSIGNMENTS TO SCHOOL BUILDING PROJECTS $ _____ $ _____

Certifications:

Fiscal Officer	I certify that the assignments listed herein are within the amounts authorized and presented in the official statement, and that the information contained in this notice is correct and complete.		
	Name & Title	Signature	Date
Superintendent of Schools	I certify that the assignments listed herein are within the amounts authorized and presented in the official statement and that the information contained in this notice is correct and complete.		
	Superintendent's Name	Superintendent's Signature	Date