SRF DISBURSEMENT REQUEST FORM

SECTION 1: PARTICIPANT INFORMATION SRF LOAN NUMBER: DW22282001																
							T		5, 7							
SRF Participant: Town of Bristol Water Utility UEI Number: NF35QSFKCC57																
Participant's Malling Address: PO Box 122																
City: Bristo		1	Alfan Mendani			T			<u> </u>		State:	IN		Zip Code:	46	507-9489
Participant's Contact: Mr. Mike Yoder Contact Phone: 574.848.7007 Contact Emai							mikeyoder@bristol.in.gov									
Authorized Representative: Ms. Cathy Antonelli Auth. Rep. Email: townclerk@bristol.in.gov																
Participant's B	ank:					Mai	ling Ad	dress:			1	1	1			
City:						T					State:			Zip Code:		
Account Name	: :			Ro	uting Number:						Accou	nt Numb	er:			
SECTION 2: DISBURSEMENT INFORMATION REQUEST NUMBER: 40																
SRF Funding Source to be used for this Request (if multiple sources are being used to pay one invoice, submit a separate DRF for each source):																
SRF Primar	y Funds	SF	RF Secondary Funds		Local Funds; TYP	E:				□ Ot	her Funds	; TYPE:				
Beginning Bala	Beginning Balance of this Funding Source: \$8,538,990															
Total Amount	of Previou	s Disbi	ursements for this F	ınding S	ource:									\$7,170,010		
Is any part of t	his reque	st bein	g paid by a Non-SRF	Funding	Source? (OCRA,	. RD, e	etc):							□ Y	es	⊠ No
		If yes:	Non-SRF Source:					•			No	n-SRF A	mount:	\$		
,											<u> </u>			I		
CECTION	12. COM	TDACT	OD INCODMATIO			341	+ 1501	.es.i	F 1863	1 3774	1	£(,	Į.	1987		4.2
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Contractor:	1	etrie Ra	IIIISKI			Mai	ling Ad	aress:	325.5	Lafayette E	-T	Т				
City: South		T				T			1		State:	IN		Zip Code:	46	601
Contractor's B		1st S	ource Bank			Mai	ling Ad	dress:	100 N	Michigan S	1	1	- 1			
City: South						1					State:	IN		Zip Code:	46	601
Account Name			Rafinski	Ro	uting Number:	,					Accou	nt Numb	er:	1.25		
Contractor's E	scrow Ba	nk:				Mai	ling Ad	dress:			1	-				
City:				1							State:			Zip Code:		
Account Name	e:			Ro	uting Number:						Accou	nt Numb	er:			
SECTION	4: PAYN	1ENT I	NFORMATION					180 749	Ž.Ž.	resolve.	- 1546 AV	7734 543		A MARIA		100 100 100 100 100 100 100 100 100 100
Amount of this	request	to be pa	aid by SRF Funding S	ource id	lentified in Secti	ion 2 (less ret	ainage):					\$ 51,6		
• Part	icipant h	as paid	Contractor for this	Request	and is requestin	g SRF	to rein	nburse	payment	to Partici	pant			Y	es	⊠ No
If yes, Partic	ipant req	uests:	☐ Check mailed t	o Particij	pant's address al	bove	□P	aymen	t wired to	Participan	t's Bank v	a wiring	instruct	tions abov	9	
			paid Contractor for t											⊠ γ		□ No
If yes, Partio	ipant req	uests:	☐ Check mailed t	o Contra	ctor's address at	bove	Ø	Payme	nt wired to	Contracto	or's Bank v	ia wiring	; instruc	tions abou	/e	
SECTION	I S. DETA	INIAGI	E INFORMATION /	if annlic	cahlo)			-			-			:	- 7	
SECTION 5: RETAINAGE INFORMATION (if applicable) Retainage Amount for this Pay Application to be paid by SRF Funding Source identified in Section 2: \$ 0																
Retainage Amount for this Pay Application to be paid by SRF Funding Source identified in Section 2:							⊢ ÿ v	·	□ No							
Participant requests that retainage for this Pay Application be held by SRF Participant requests that retainage for this Pay Application be participant.																
Participant requests that retainage for this Pay Application be sent to Participant Yes No																
If yes, Participant requests: Check mailed to Participant's address above Retainage wired to Participant's Bank via wiring instructions above								⋈								
Participant requests that retainage for this Pay Application be sent to Contractor's Escrow Bank Yes No																
If yes, Participant requests:																
The undersigned hereby certifies this request for disbursement is, to the best of my knowledge and belief, true and accurate and made in accordance with the conditions of the project agreement(s); that the certified payrolls																
			uest for disbursement is, to i construction invoices are i													
Authorized Representative Signature: Date:																
<u></u>	-		l			_							1			
FOR INTERNAL USE ONLY:																
Approved by:				Date:			GPR:	\$		Lead: \$		EC:	\$	o	ther:	\$
Processed by:				Date:		İ	DC Note	es.				<u>'</u>			,	



South Bend & Fort Wayne / www.jprlsource.com

Civil Engineering / Architecture / Landscape Architecture / Land Surveying
Planning / GIS Consulting / Environmental / Utility Management

September 30, 2025

Project No:

2023-00005

Invoice No:

0051946

Due Date:

October 30, 2025

Invoice Total

51,653.63

Project

Town of Bristol

303 E. Vistula St.

Bristol, IN 46507

2023-00005

Water System Improvements

Professional Services from September 01, 2025 to September 30, 2025

Phase

001

101 - Study & Report

Fee

Billing Phase	Fee	Percent Complete	Earned	Previous Fee Billing	Current Fee Billing
Study & Report	30,000.00	100.00	30,000.00	30,000.00	0.00
Preliminary Design	560,000.00	100.00	560,000.00	560,000.00	0.00
Final Design	300,000.00	100.00	300,000.00	300,000.00	0.00
Bidding	51,000.00	100.00	51,000.00	51,000.00	0.00
Construction Admin	324,000.00	79.00	255,960.00	204,306.37	51,653.63
Post Construction Services	60,000.00	0.00	0.00	0.00	0.00
RPR (Inspection)	391,000.00	54.7046	213,895.00	213,895.00	0.00
Es'mt & Land Acquisition Assistance	135,000.00	34.6428	46,767.73	46,767.73	0.00
Direct Expenses	40,000.00	100.00	40,000.00	40,000.00	0.00

Total Fee

1,891,000.00

1,497,622.73 1,445,969.10

51,653.63

Total Fee

51,653.63

Total this Phase

51,653.63

Total this Invoice

51,653.63

Outstanding Invoices

Number	Date	Balance
0051584	7/31/2025	46,223.75
0051816	8/31/2025	31,933.75
Total		78,157.50

Please remit all payments to <u>Jones Petrie Rafinski Corp. 325 S. Lafayette Blvd. South Bend, IN 46601.</u> If you have any questions or would like to pay via ACH or credit card please call 574-232-4388 or email us at accounting@jprlsource.com.

We appreciate the opportunity to be of service!

SERVICE CHARGE: A delinquency charge of 1.5% per month (which is an ANNUAL PERCENTAGE RATE of 18%) will be added to all amounts not paid 30 days after invoice date.