

# SRF DISBURSEMENT REQUEST FORM

SECTION 1: PARTICIPANT INFORMATION						SRF LOAN NUMBER: DW22282001			
SRF Participant:		Town of Bristol Water Utility				UEI Number:		NF35QSFKCC57	
Participant's Mailing Address:		PO Box 122							
City:	Bristol					State:	IN	Zip Code:	46507-9489
Participant's Contact:		Mr. Mike Yoder		Contact Phone:	574-848-7007	Contact Email:		mikeyoder@bristol.in.gov	
Authorized Representative:		Ms. Cathy Antonelli				Auth. Rep. Email:		townclerk@bristol.in.gov	
Participant's Bank:						Mailing Address:			
City:						State:		Zip Code:	
Account Name:				Routing Number:		Account Number:			

SECTION 2: DISBURSEMENT INFORMATION				REQUEST NUMBER: 24	
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):					
<input checked="" type="checkbox"/> SRF Primary Funds	<input type="checkbox"/> SRF Secondary Funds	<input type="checkbox"/> Local Funds; TYPE:		<input type="checkbox"/> Other Funds; TYPE:	
Beginning Balance of this Funding Source:					\$ 4,316,818
Total Amount of Previous Disbursements for this Funding Source:					\$ 11,392,182
Is any part of this request being paid by a Non-SRF Funding Source? (OCRA, RD, etc):					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes:		Non-SRF Source:		Non-SRF Amount: \$	

SECTION 3: CONTRACTOR INFORMATION					
Contractor:		Baker Tilly Municipal Advisors, LLC		Mailing Address: PO Box 957915	
City:	St. Louis			State:	MO Zip Code: 63195-7915
Contractor's Bank:		US Bank		Mailing Address:	
City:	Milwaukee			State:	WI Zip Code:
Account Name:		Baker Tilly Municipal Advisors, LLC	Routing Number:	075000022	Account Number: 182380578936
Contractor's Escrow Bank:				Mailing Address:	
City:				State:	Zip Code:
Account Name:				Routing Number:	Account Number:

SECTION 4: PAYMENT INFORMATION			
Amount of this request to be paid by SRF Funding Source identified in Section 2 (less retainage):			\$ 22,974
<ul style="list-style-type: none"> <li>Participant has paid Contractor for this Request and is requesting SRF to reimburse payment to Participant</li> </ul>			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes, Participant requests:		<input type="checkbox"/> Check mailed to Participant's address above <input type="checkbox"/> Payment wired to Participant's Bank via wiring instructions above	
<ul style="list-style-type: none"> <li>Participant has not paid Contractor for this Request and is requesting SRF to pay Contractor directly</li> </ul>			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If yes, Participant requests:		<input type="checkbox"/> Check mailed to Contractor's address above <input checked="" type="checkbox"/> Payment wired to Contractor's Bank via wiring instructions above	

SECTION 5: RETAINAGE INFORMATION (if applicable)			
Retainage Amount for this Pay Application to be paid by SRF Funding Source identified in Section 2:			\$ 0
<ul style="list-style-type: none"> <li>Participant requests that retainage for this Pay Application be held by SRF</li> </ul>			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<ul style="list-style-type: none"> <li>Participant requests that retainage for this Pay Application be sent to Participant</li> </ul>			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes, Participant requests:		<input type="checkbox"/> Check mailed to Participant's address above <input type="checkbox"/> Retainage wired to Participant's Bank via wiring instructions above	
<ul style="list-style-type: none"> <li>Participant requests that retainage for this Pay Application be sent to Contractor's Escrow Bank</li> </ul>			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes, Participant requests:		<input type="checkbox"/> Check mailed to Escrow Bank's address above <input type="checkbox"/> Retainage wired to Escrow Bank via wiring instructions above	

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 received in connection with any enclosed construction invoices are in compliance with the Davis Bacon Act / US Dept. of Labor requirements of 29 CFR 5.5(a)(1), and in compliance with SRF incentive programs.			
Authorized Representative Signature:			Date:

## FOR INTERNAL USE ONLY:

Approved by:		Date:		GPR:	\$	Lead:	\$	EC:	\$	Other:	\$
Processed by:		Date:		DC Notes:							

## Town Clerk

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**From:** Thompson, Steve <Steve.Thompson@bakertilly.com>  
**Sent:** Monday, February 10, 2025 1:09 PM  
**To:** Town Hall; Mike Yoder; Town Clerk  
**Subject:** ID 169750 BAKER TILLY INVOICES  
**Attachments:** BTMA24540.pdf; BTMA26086.pdf

Good afternoon,

I am following up on the attached outstanding invoices. Please provide an update for when the invoices will be resolved.

Thank you,

*Steve Thompson*  
Billing Solutions

*To pay your invoice(s) using EFT(Checking) or Credit Card go to:*

<https://www.bakertilly.com/payment>



Baker Tilly Advisory Group, LP  
4807 Innovate Ln. PO Box 7398 Madison, WI 53707-7395 USA  
T: 608-240-2623, F:608 249 8532  
[steve.thompson@bakertilly.com](mailto:steve.thompson@bakertilly.com)

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Baker Tilly Municipal Advisors, LLC  
8365 Keystone Crossing Suite 300  
Indianapolis, IN 46240 • (317) 465-1500

BSN



**Bristol, IN, Water Utility**

303 East Vistula Street  
Bristol, IN 46507

**Invoice Date:** May 29, 2024

**Invoice Number:** BTMA26086

**Client Number:** 169750

**INVOICE**

**AMOUNT**

<b>Fees</b>		
For professional services rendered with regard to the proposed project, financing and rate study per an agreement dated September 12, 2022.. This bill represents the final bill.		\$20,892.08
Fees Total:		\$20,892.08
Expenses Total:		\$0.00
<b>Invoice Total:</b>		<b>\$20,892.08</b>

*myden 2/11/2025*

For questions, comments or suggestions, please contact Nikia Johnson at (317) 465-1500.

**Balance is payable upon receipt or previously agreed upon terms.**

<b>Please ACH or wire payment to:</b> US Bank, Milwaukee, WI Routing No: 075000022 Account No: 182380578936 Reference #: BTMA26086	<b>Or send payment to:</b> Baker Tilly Municipal Advisors, LLC PO Box 957915 St. Louis, MO 63195-7915	<b>Reference:</b> Client Number: 169750 Invoice Number: BTMA26086 Amount Enclosed: \$ _____
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Baker Tilly Municipal Advisors, LLC  
8365 Keystone Crossing Suite 300  
Indianapolis, IN 46240 • (317) 465-1500

BSN



**Bristol Municipal Water Utility**

303 East Vistula Street  
Bristol, IN 46507

TownClerk@BristolIndiana.org

**Invoice Date:** March 1, 2024

**Invoice Number:** BTMA24540

**Client Number:** 169750

**INVOICE**

**AMOUNT**

<b>Fees</b>	
For professional services rendered with regard to the proposed water project, rates and bond issuance.	\$2,081.25
Fees Total:	\$2,081.25
Expenses Total:	\$0.00
<b>Invoice Total:</b>	<b>\$2,081.25</b>

my order 2/11/2025

For questions, comments or suggestions, please contact Nikia Johnson at (317) 465-1500.

**Balance is payable upon receipt or previously agreed upon terms.**

<b>Please ACH or wire payment to:</b>	<b>Or send payment to:</b>	<b>Reference:</b>
US Bank, Milwaukee, WI Routing No: 075000022 Account No: 182380578936 Reference #: BTMA24540	Baker Tilly Municipal Advisors, LLC PO Box 957915 St. Louis, MO 63195-7915	Client Number: 169750 Invoice Number: BTMA24540 Amount Enclosed: \$ _____