

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: 50	
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:					\$ 7,980,087
Total Amount of Previous Disbursements for this Funding Source:					\$ 7,728,913
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:		Niblock Excavating		Mailing Address: PO Box 211	
City:	Bristol			State:	IN
Contractor's Bank:				Mailing Address:	
City:				State:	IN
Account Name:		Routing Number:		Account Number:	
Contractor's Escrow Bank:				Mailing Address:	
City:				State:	
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):			\$ 77,297
<ul style="list-style-type: none"> Participant has paid Contractor for this Request and is requesting SRF to reimburse payment to Participant 			<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"> Participant has not paid Contractor for this Request and is requesting SRF to pay Contractor directly 			<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:			\$ 4,068
<ul style="list-style-type: none"> Participant requests that retainage for this Pay Application be held by SRF 			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<ul style="list-style-type: none"> Participant requests that retainage for this Pay Application be sent to Participant 			<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"> Participant requests that retainage for this Pay Application be sent to Contractor's Escrow Bank 			<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:							