

SRF DISBURSEMENT REQUEST FORM

SECTION 1: PARTICIPANT INFORMATION

SRF LOAN NUMBER: WW22532001

SRF Participant:	Town of Bristol Municipal Sewage Works			UEI Number:	NF3SQSKCC57		
Participant's Mailing Address:		308 E. Vistula Street, PO Box 122					
City:	Bristol			State:	IN	Zip Code:	46507-9489
Participant's Contact:	Mr. Mike Yoder	Contact Phone:	574-848-4853	Contact Email:			
Authorized Representative:	Ms. Cathy Antonelli			Auth. Rep. Email:			
Participant's Bank:			Mailing Address:				
City:				State:		Zip Code:	
Account Name:			Routing Number:			Account Number:	

SECTION 2: DISBURSEMENT INFORMATION

REQUEST NUMBER: 44

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: \$ 28,265,000							
Total Amount of Previous Disbursements for this Funding Source: \$ 19,783,801							
Is any part of this request being paid by a Non-SRF Funding Source? (OCRA, RD, etc):							
If yes:	Non-SRF Source:				Non-SRF Amount:	\$	

SECTION 3: CONTRACTOR INFORMATION

Contractor:	Robert E. Crosby, Inc. dba Crosby Construction		Mailing Address:	2805 Freeman Street			
City:	Fort Wayne			State:	IN	Zip Code:	46802
Contractor's Bank:				Mailing Address:			
City:				State:		Zip Code:	
Account Name:			Routing Number:			Account Number:	
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): \$ 898,030			
<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 			
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: \$ 47,265			
<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 			
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 			
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:			
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FOR INTERNAL USE ONLY:

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