

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: 48	
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 Primary Funds	☐ SRF Secondary Funds	☐ Local Funds; TYPE:		☐ Other Funds; TYPE:	
Beginning Balance of this Funding Source:					\$ 8,060,500
Total Amount of Previous Disbursements for this Funding Source:					\$ 7,648,500
Is any part of this request being paid by a Non-SRF Funding Source? (OCRA, RD, etc):					☐ Yes ☒ No
If yes:		Non-SRF Source:			Non-SRF Amount: \$

SECTION 3: CONTRACTOR INFORMATION					
Contractor:		Phoenix Fabricators and Erectors, LLC		Mailing Address: 182 S County Road 900 East	
City:	Avon			State:	IN Zip Code: 46123
Contractor's Bank:					
City:				State:	MO Zip Code: 63105
Account Name:					
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):			\$ 60,438
Participant has paid Contractor for this Request and is requesting SRF to reimburse payment to Participant			☐ Yes ☒ No
If yes, Participant requests:		☐ Check mailed to Participant's address above ☐ Payment wired to Participant's Bank via wiring instructions above	
Participant has not paid Contractor for this Request and is requesting SRF to pay Contractor directly			☒ Yes ☐ No
If yes, Participant requests:		☐ Check mailed to Contractor's address above ☒ 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:			\$ 3,181
Participant requests that retainage for this Pay Application be held by SRF			☒ Yes ☐ No
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:		☐ Check mailed to Escrow Bank's address above ☐ 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:							