

## SRF Disbursement Request Form

### Participant Information

Name:	Town of Bristol Water Utility	SRF Loan Number:	DW22282001
UEI #:	NF35QSFKCC57	Cage Code:	870T8
		Request Number:	20
Mailing Address:	PO Box 122		
City:	Bristol	State:	IN
		ZIP Code:	46507-9489
Contact Person:	Mr. Mike Yoder	Contact Phone Number:	574-848-4853
Authorized Representative:	Ms. Cathy Antonelli	Authorized Representative Phone Number:	574-848-7007

If requesting reimbursement to the Participant by wire transfer please provide the following information:

Bank Name:		Bank Routing Number:	
Account Name:		Account Number:	

### Loan Information

Description of work for which claim is being made (services, fees, type of work, etc.):	Quarterly invoices for labor standards services. For 2024 Q4 and 2025 Q1		
Is any part of this claim funded by an alternate funding source?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	
If yes, please identify the source and amount of the claim funded by the alternate source (OCRA, SAP, Local		\$	
Is any part of this claim funded by the Indiana Brownfields Program?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	
Has the Participant paid the request and is now seeking reimbursement?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	
Is any part of this claim a result of a change order? If yes, please attach the SRF change order approval letter.	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	
Are there Green Project Reserve components involved in this request? If yes, please describe:	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	
Are there any Lead Line replacement components in this request?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	

### Loan Financial Information

Original Loan Amount:		\$	15,709,000
Total Amount of Previous Disbursements:		\$	3,258,599
Balance Available After this Disbursement:		\$	12,443,338
Amount to Contractor for this Request:		\$	7063
Is any part of this request a partial or final release of retainage to the contractor?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	
Contractor Name:	Lori Shipman Consulting, LLC	DUNS #:	962748500
Mailing address:	PO Box 232		
City:	Michigan City	State:	IN
		ZIP Code:	46725

### Wiring Information:

Bank Name:	STAR Financial Bank	Bank Routing Number:	074901672
Account Name:	Lori Shipman Consulting, LLC	Account Number:	11143622
Retainage Amount for this Request:		\$	0
Participant requests that the retainage amount be held by SRF:	<input type="checkbox"/>		
Participant requests that the retainage amount be sent to the Participant via check to the mailing address listed above:	<input type="checkbox"/>		
Participant requests that the retainage amount be sent to the following bank:	<input type="checkbox"/>		
Bank Name:		Bank Routing Number:	
Account Name:		Account Number:	
Total Amount of this Request:		\$	7063

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 Department of Labor requirements of 29 CFR 5.5(a)(1), and are in compliance with SRF incentive programs.

Authorized Representative Signature:		Date:	
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### For Internal Use Only:

Approved By:		Date:		GPR Amount:	\$	Lead Amount:	\$
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Revised on July 1, 2021

# INVOICE

Date: January 1, 2025

To

Qty	Description	Unit Price	Line Total
1	Labor Standards Services – Invoice 2 of 8	\$3,531.25	\$3,531.25
Total			\$3,531.25

Make all checks payable to Lori Shipman Consulting, LLC, PO Box 232, Columbia City, IN 46725

# INVOICE

Date: April 1, 2025

To

Qty	Description	Unit Price	Line Total
1	Labor Standards Services – Invoice 3 of 8	\$3,531.25	\$3,531.25
Total			\$3,531.25

Make all checks payable to Lori Shipman Consulting, LLC, PO Box 232, Columbia City, IN 46725