			SRF	Disbu	ursem	ent Requ	est	Form				
Participant Inf	ormation											
Name: Town of Bristol Water Utility					SRF Loan Nun	nber:	r: DW22282001					
UEI #: NF35QSFKCC57			Cage Co	de:	870T8	Request Num	ber:	16	6			
Mailing Address:	122											
City: Bristol			State: IN			ZIP Code: 46507-9489			9			
Contact Person:		Mr. Mike Yode	ler Conta			t Phone Number: 574-848-4853						
Authorized Representative: Ms. Cathy Ant			tonelli Authorized Representative Phone 574-848-700 Number:					007				
If requesting reim	oursement	to the Participant	by wire trar	sfer pleas	e provide	the following in	forma	ition:				
Bank Name:					Bank Ro	outing Number:						
Account Name:					Accoun	t Number:						
Loan Informatio	n				•							
Description of work for which claim is being Engineering Fees made (services, fees, type of work, etc.):												
Is any part of this			funding sou	rce?							YES	NO 🛛
If yes, please ident	ify the sou	rce and amount of	the claim f	unded by t	the alterna	ate source (OCR	A, SAF	P, Local			\$	
Is any part of this of	claim funde	ed by the Indiana B	rownfields	Program?				I			YES	NO 🛛
Has the Participant paid the request and is now seeking reimbursement?							NO 🛛					
Is any part of this claim a result of a change order? If yes, please attach the SRF change order approval letter.							YES	🛛 NO				
Are there Green Project Reserve components involved in this request? If yes, please describe:							YES	🛛 NO				
Are there any Lead	Are there any Lead Line replacement components in this request?						YES	NO 🛛				
Loan Financial In	nformatio	n										
Original Loan Amo	ount:									\$	15,709,000	
Total Amount of P	revious Dis	sbursements:								\$	2,590,877	
Balance Available After this Disbursement:								\$	13,094,2	66		
Amount to Contractor for this Request:								\$	23,857			
Is any part of this request a partial or final release of retainage to the contractor?						YES	🛛 NO					
Contractor Name: Jones Petrie Rafinski DUNS #:					·							
Mailing address: 325 S Lafayette Blvd												
City: South Bend State: IN ZIP Code: 46601												
Wiring Information	ו:		•	•								
Bank Name: 1 st Source Bank Bank Routing Number: 071212128												
Account Name: Jones Petrie Rafinski Account Number: 10001519												
Retainage Amount for this Request: \$						0						
Participant requests that the retainage amount be held by SRF:												
Participant reques	ts that the	retainage amount	be sent to t	he Partici	pant via cł	neck to the maili	ing ad	dress listed above	e:			
Participant reques	ts that the	retainage amount	be sent to t	he followi	ing bank:							
Bank Name: Bank Routing Number:												

Account Name:

Signature:

Approved By:

Total Amount of this Request:

Authorized Representative

For Internal Use Only:

Revised on July	1, 2021
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GPR Amount:

\$

Account Number:

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.

Date:

\$

\$

Date:

Lead Amount:

23,857



South Bend & Fort Wayne / www.jpr1source.com

Civil Engineering / Architecture / Landscape Architecture / Land Surveying Planning / GIS Consulting / Environmental / Utility Management

Town of Bristol 303 E. Vistula St. Bristol, IN 46507			January Project N Invoice N Due Dat <mark>Invoice</mark>	No: e:	2023-00005 0050604 March 02, 2025 23,8	56.87
Project Professional Ser	2023-00005 rvices from Janu	Water System Improv ary 01, 2025 to January 3				
Phase Fee		01 - Study & Report				
Billing Phase	9	Fee	Percent Complete	Earne	Previous Fee d Billing	Current Fee Billing
RPR (Inspe	Design n n Admin ruction Services	30,000.00 560,000.00 300,000.00 51,000.00 324,000.00 60,000.00 391,000.00 135,000.00 1,851,000.00 Total Fee		30,000.0 560,000.0 300,000.0 51,000.0 104,386.7 0.0 60,025.0 43,748.9 1,149,160.7	00 560,000.00 00 300,000.00 00 51,000.00 00 55,798.01 00 0.00 00 55,605.00 08 43,748.98 74 1,126,151.99 23	0.00 0.00 0.00 18,588.75 0.00 4,420.00 0.00 23,008.75 3,008.75
Phase Reimbursable E Short Elliott H 1/21/2025		·	Tota	al this Phas this Invoid		848.12 848.12 848.12 3 <u>,856.87</u>

Please remit all payments to Jones Petrie Rafinski Corp. 325 S. Lafayette Blvd. South Bend, IN 46601. If you have any questions or would like to pay via ACH or credit card please call 574-232-4388 or email us at accounting@jprlsource.com.	We appreciate the opportunity to be
SERVICE CHARGE: A delinquency charge of 1.5% per month (which is an ANNUAL PERCENTAGE RATE of 18%) will be added to all amounts not paid 30 days after invoice date.	of service!

Project	2023-00005	Water System I	mprovements		Invoice	0050604		
Outstanding Invoices								
	Number	Date	Balance					
	0050355	11/30/2024	31,462.36					
	0050406	12/31/2024	18,919.75					
	Total		50,382.11					

Please remit all payments to **Jones Petrie Rafinski Corp. 325 S. Lafayette Blvd. South Bend, IN 46601.** If you have any questions or would like to pay via ACH or credit card please call 574-232-4388 or email us at accounting@jprlsource.com.

SERVICE CHARGE: A delinquency charge of 1.5% per month (which is an ANNUAL PERCENTAGE RATE of 18%) will be added to all amounts not paid 30 days after invoice date.

We appreciate the opportunity to be of service!