

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: 27	
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:					\$ 10,797,873
Total Amount of Previous Disbursements for this Funding Source:					\$ 4,911,127
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:		Jones Petrie Rafinski		Mailing Address: 325 S Lafayette Blvd	
City:	South Bend			State:	IN
Contractor's Bank:		1st Source Bank		Mailing Address: 100 N Michigan St	
City:	South Bend			State:	IN
Account Name:		Jones Petrie Rafinski	Routing Number: 071212128		Account Number: 10001519
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):			\$ 35,561
• 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			
• 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:			\$ 0
• Participant requests that retainage for this Pay Application be held by SRF			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
• 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			
• 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:							



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

May 31, 2025

Project No: 2023-00005

Invoice No: 0051262

Due Date: June 30, 2025

Invoice Total	35,561.08
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Project 2023-00005 Water System Improvements

Professional Services from May 01, 2025 to May 31, 2025

Phase 001 101 - Study & Report

Fee

Billing Phase	Fee	Percent Complete	Earned	Previous Fee Billing	Current Fee Billing
Study & Report	30,000.00	100.00	30,000.00	30,000.00	0.00
Preliminary Design	560,000.00	100.00	560,000.00	560,000.00	0.00
Final Design	300,000.00	100.00	300,000.00	300,000.00	0.00
Bidding	51,000.00	100.00	51,000.00	51,000.00	0.00
Construction Admin	324,000.00	50.9712	165,146.82	151,995.74	13,151.08
Post Construction Services	60,000.00	0.00	0.00	0.00	0.00
RPR (Inspection)	391,000.00	33.1598	129,655.00	107,930.00	21,725.00
Es'mt & Land Acquisition Assistance	135,000.00	33.1918	44,808.98	44,123.98	685.00
Direct Expenses	40,000.00	100.00	40,000.00	40,000.00	0.00
Total Fee	1,891,000.00		1,320,610.80	1,285,049.72	35,561.08
Total Fee					35,561.08
Total this Phase					35,561.08
Total this Invoice					<u>35,561.08</u>

Outstanding Invoices

Number	Date	Balance
0050965	3/31/2025	36,295.69
0051127	4/30/2025	33,846.25
Total		70,141.94

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@jpr1source.com.

**We appreciate the
opportunity to be
of service!**

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.