

## SRF Disbursement Request Form

Participant Information								
Name:	Town of Bristol Municipal Sewage Works	SRF Loan Number:	WW22532001					
UEI #:	NF3SQSFKCC57	CCR Number:	870T8	Request Number:	11			
Mailing Address:	308 E. Vistula Street, 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.):	Professional Engineering Service Fees							
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:							\$	28,265,000
Total Amount of Previous Disbursements:							\$	2,200,471
Balance Available After this Disbursement:							\$	26,052,283
Amount to Contractor for this Request:							\$	12,246
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:	Commonwealth Engineers, Inc.	DUNS #:	079578639					
Mailing address:	7256 Company Drive							
City:	Indianapolis	State:	IN	ZIP Code:	46237			
Wiring Information:								
Bank Name:		Bank Routing Number:						
Account Name:		Account Number:						
Retainage Amount for this Request:							\$	0.00
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:							\$	12,246
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 <b>Davis Bacon Act</b> / US Department of Labor requirements of 29 CFR 5.5(a)(1), and are in compliance with SRF incentive programs.								
Authorized Representative Signature:		Date:						
For Internal Use Only:								
Approved By:		Date:		GPR Amount:	\$	Lead Amount:	\$	



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A wealth of resources to master a common goal.

Town of Bristol  
303 E. Vistula Street  
Bristol, IN 46507

Invoice number 60647  
Date 08/31/2024

Project S22145 Bristol - Wastewater Treatment  
Plant Improvements Project

For Basic Engineering Services rendered through July 31, 2024

Task Order 2022-01 signed 10/20/22

Task Order 2023-02 signed 09/21/23

Task Order 2024-02 signed 08/15/24

Email invoices to Amy Mendoza and Missy Thiele to prepare SRF Disbursement Forms.

Description	Contract Amount	% Work To Date	Previous Billed	Amount Billed	This Inv Billed
<b>PRELIMINARY DESIGN</b>	512,000.00	100.00	512,000.00	512,000.00	0.00
<b>FINAL DESIGN</b>	417,000.00	100.00	417,000.00	417,000.00	0.00
<b>ADDITIONAL FINAL DESIGN</b>	34,300.00	100.00	34,300.00	34,300.00	0.00
<b>Total</b>	<b>963,300.00</b>	<b>100.00</b>	<b>963,300.00</b>	<b>963,300.00</b>	<b>0.00</b>

**Construction**

Professional Fees

	Hours	Billed Amount
Project Manager III	2.50	782.35
Project Manager II	4.50	1,148.46
Project Engineer I	21.00	3,821.38
Engineering Intern I	14.50	1,989.40
Designer III	3.00	553.32
Clerical II	2.00	209.87
Reproduction Processor	11.25	1,082.50
Professional Fees subtotal	58.75	9,587.28

Reimbursable Expenses

	Units	Billed Amount
Miles	124.00	95.54
Parking / Toll Fees		2.30
Reimbursable Expenses subtotal		97.84

Consultant

	Billed Amount
Architectural Consultant CMID, Inc.	2,137.86
Consultant subtotal	2,137.86

Construction subtotal 11,822.98

**Resident Project Representative**

Professional Fees

	Hours	Billed Amount
Construction Manager	2.00	422.94
Professional Fees subtotal	2.00	422.94
Resident Project Representative subtotal		422.94

**Invoice total 12,245.92**

**Invoice Summary**

Description	Contract Amount	Prior Billed	Total Billed	Remaining	Current Billed
<b>PRELIMINARY DESIGN</b>	512,000.00	512,000.00	512,000.00	0.00	0.00
<b>FINAL DESIGN</b>	417,000.00	417,000.00	417,000.00	0.00	0.00
<b>ADDITIONAL FINAL DESIGN</b>	34,300.00	34,300.00	34,300.00	0.00	0.00
<b>BIDDING OR NEGOTIATING</b>	51,300.00	51,294.94	51,294.94	5.06	0.00
<b>CONSTRUCTION</b>	140,000.00	20,137.88	31,960.86	108,039.14	11,822.98
<b>ADDITIONAL CONSTRUCTION ENGINEERING</b>	70,000.00	0.00	0.00	70,000.00	0.00
<b>RESIDENT PROJECT REPRESENTATIVE</b>	255,000.00	0.00	422.94	254,577.06	422.94
<b>ADDITIONAL RESIDENT PROJECT REPRESENTATIVE</b>	300,000.00	0.00	0.00	300,000.00	0.00
Total	1,779,600.00	1,034,732.82	1,046,978.74	732,621.26	12,245.92