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| SRF Disbursement Request Form | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Participant Information | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name: | |  | | | | | | | | | | | | | | | | SRF Loan Number: | | | | | |  | | | | | | | |
| UEI #: | | | |  | | | | | | Cage Code: | | | |  | | | | Request Number: | | | | | |  | | | | | | | |
| Mailing Address: | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| City: |  | | | | | | | | | State: | | |  | | | | | ZIP Code: | | | | | | |  | | | | | | |
| Contact Person: | | | | | |  | | | | | | | | | | Contact Phone Number: | | | | | |  | | | | | | | | | |
| Authorized Representative: | | | | | |  | | | | | | | | | | Authorized Representative Phone Number: | | | | | | | | |  | | | | | | |
| If requesting reimbursement to the Participant by wire transfer please provide the following information:  Monthly payment or rent: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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.): | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| Is any part of this claim funded by an alternate funding source? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | YES | | NO |
| If yes, please identify the source and amount of the claim funded by the alternate source (OCRA, SAP, Local Funds): | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | **$** | | |
| Is any part of this claim funded by the Indiana Brownfields Program? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | YES | | NO |
| Has the Participant paid the request and is now seeking reimbursement? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | YES | | NO |
| Is any part of this claim a result of a change order? If yes, please attach the SRF change order approval letter. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | YES | | NO |
| Are there Green Project Reserve components involved in this request? If yes, please describe: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | YES | | NO |
| Are there any Lead Line replacement components in this request? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | YES | | NO |
| Loan Financial Information | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Original Loan Amount:** | | | | | | | | |  | | | | | | | | | | | | | | | | | | | **$** | |  | |
| **Total Amount of Previous Disbursements:** | | | | | | | | |  | | | | | | | | | | | | | | | | | | | **$** | |  | |
| **Balance Available After this Disbursement:** | | | | | | | | |  | | | | | | | | | | | | | | | | | | | **$** | |  | |
| Amount to Contractor for this Request: | | | | | | | | | | | | | | | | | | | | | | | | | | | | $ | |  | |
| Is any part of this request a partial or final release of retainage to the contractor? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | YES | | NO |
| Contractor Name: | | | | |  | | | | | | | | | | | | DUNS #: | | |  | | | | | | | | | | | |
| Mailing address: | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| City: |  | | | | | | | | | State: | | |  | | | | | ZIP Code: | | | | | | | |  | | | | | |
| Wiring Information: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Bank Name: | | | |  | | | | | | | | | | | | | Bank Routing Number: | | | | |  | | | | | | | | | |
| Account Name: | | | |  | | | | | | | | | | | | | Account Number: | | | | |  | | | | | | | | | |
| Retainage Amount for this Request: | | | | | | | | | | | | | | | | | | | | | | | | | | | | $ | |  | |
| Participant requests that the retainage amount be held by SRF: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| Participant requests that the retainage amount be sent to the Participant via check to the mailing address listed above: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| Participant requests that the retainage amount be sent to the following bank: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| Bank Name: | | | |  | | | | | | | | | | | | | Bank Routing Number: | | | | |  | | | | | | | | | |
| Account Name: | | | |  | | | | | | | | | | | | | Account Number: | | | | |  | | | | | | | | | |
| Total Amount of this Request: | | | | | | | | | | | | | | | | | | | | | | | | | | | | $ | |  | |
| 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: | | | |  | | | | |
| **For Internal Use Only:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Approved By: | | | |  | | | | Date: | | | |  | | | | GPR Amount: | | | **$** | | | | | Lead Amount: | | | | **$** | | | |

Revised on July 1, 2021