

INDIANA FINANCE AUTHORITY
STATE REVOLVING FUND/BROWNFIELD LOAN PROGRAMS
REQUEST FOR DISBURSEMENT

The undersigned Authorized Representative of the Participant named in this Request, on behalf of such Participant, hereby (i) requests that the Authority make a Disbursement, or cause a Disbursement to be made, according to this Request and (ii) directs that the Authority mail, or cause to be mailed, the Disbursement to the Participant or the Contractor named in this Request.

INSTRUCTIONS

1. This request is applicable only to costs associated with the Participant's wastewater, drinking water or nonpoint source approved project eligible for financing through the State Revolving Fund (SRF) Loan Programs.
2. The Request must be typed, on one page and do not modify the form.
3. Requested amounts must be rounded to the nearest whole dollar. SRF rounds up from \$0.50 or more, or down from \$0.49 or less.
4. Complete the required information and answer all questions by selecting the appropriate check boxes and/or filling in the blanks.
5. Include the participant's Unique Entity Identifier and if applicable to your loan the Central Contractor Registration (Cage Code) number as indicated.
6. A new Disbursement Request Form should be used for each contractor/vendor.
7. Combine multiple bills from a **single** contractor/vendor on one request form.
8. Attach a copy of the claim (a bill, invoice or a statement) supporting this Request.
9. Indicate on this Request if the Participant has paid all or part of the Contractor's claim and is seeking reimbursement. If seeking reimbursement, attach evidence that such payment was made.
10. Indicate on the request form the retainage payment option that complies with the retainage agreement between the contractor and the participant.
11. Please attach SRF change order approval letter if any part of the current claim is a result of a change order.
12. Contractor/Vendor inquiries related to the status of a Disbursement request must be initiated by the Participant. The Participant may contact the SRF Disbursement Coordinator for payment information. Please inform project contractors of this policy
13. If any part of the claim is funded by an alternate funding source (OCRA, Local Funds ...Etc), indicate on the Request by double clicking on the box and select checked and list the corresponding dollar amount.
14. Please send all Disbursement Requests to IFADisbursements@ifa.in.gov or send them to the address listed below and to the attention of the SRF Disbursement Coordinator.

DISBURSEMENT COORDINATOR CONTACT INFORMATION

STEPHANIE MULKEY, DISBURSEMENT COORDINATOR

100 N. SENATE AVE., RM 1275

INDIANAPOLIS, IN 46204

PHONE: 317-234-7970

FAX: 317-234-1338

EMAIL: SMulkey@ifa.in.gov

EMAIL DISBURSEMENTS TO:

IFADisbursements@ifa.in.gov