

SRF Disbursement Request Form

Participant Information

Name:	City of West Lafayette	SRF Loan Number:	WW 12792206
DUNS Number:	04 455 2636	CCR Number:	6NKJ2
Mailing Address:	609 West Navajo Street		
City:	West Lafayette	State:	IN
		Zip Code:	47906
Contact Person:	Judith C. Rhodes, Clerk-Treasurer	Contact Phone Number:	(765) 775-5150
Authorized Representative:	Mayor John R. Dennis, or Clerk-Treas. Judith C. Rhodes	Auth. Rep. Phone Number:	(765) 775-5100

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:	Northside Regional Lift Station and Force Main		
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 Funds) :			
Source:	Amount:	\$0	
Is any part of this claim funded by the Indiana Brownfield's 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?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	
If yes, please describe:			

Loan Financial Information

Original Loan Amount:	\$4,200,000
Total Amount of Previous Disbursements:	\$2,596,410
Balance Available After this Disbursement:	\$1,579,027
Amount to Contractor for this Request:	\$24,563

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:	Greeley & Hansen	DUNS Number:	04 569 9949
Mailing Address:	Lockbox 619776, PO Box 6197		
City:	Chicago	State:	IL
		Zip:	60680-6197

Wiring Information:

Bank Name:	Bank Routing Number:	
Account Name:	Account Number:	

Retainage Amount for this Request: **\$0**

Please select one of the following retainage payment options:

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.	<input type="checkbox"/>
Participant requests that the retainage amount be sent to the following bank:	<input type="checkbox"/>

Bank Name:	Bank Routing:	
Account Name:	Account Number:	

Total Amount of This Request: **\$24,563**

The undersigned hereby certifies that this Request is true and correct, that the claim underlying this Request is legally due (and is payable from SRF) in accordance with the Participant's Financial Assistance Agreement with the Authority.

Authorized Representative Signature:	Date:	21-Jan-14
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FOR INTERNAL USE ONLY:

Approved by:	Date:	GPR Amt:
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GREELEY AND HANSEN

100 S. Wacker Drive, Suite 1400
Chicago, Illinois 60606
p 312 558 9000
f 312 558 1986
www.greeley-hansen.com

December 26, 2013

Mr. David Henderson
Utility Director
City of West Lafayette
Wastewater Treatment Utility
500 South River Road
West Lafayette, IN 47906

RECEIVED
JAN 13 2014
UTILITY DIRECTOR

Subject: North Side Regional Lift Station and Force Main
RPR Inspection Services Beyond Contract Substantial Completion
Invoice No. 393433

Dear David:

The enclosed invoice is for construction administration and inspection services beyond the Contract substantial completion date related to the North Side Regional Lift Station and Force Main project. As you know, the Contractor was notified that as of November 7, 2013 the liquidated damages provision of the Contract is in force until Substantial Completion is reached. As we discussed, the City can pursue reimbursement for construction services in accordance with the Contract Documents. The amounts can be deducted from the Contractor's monthly payment applications. Invoice No. 393433 covers services provided through December 13, 2013 including:

- RPR Onsite Inspection
- Prepared Meeting Agenda and Notes for December 11th Progress Meeting
- Conducted December 11th Progress Meeting
- Update and Distribute Substantial Completion Punch List
- Continue to Track and Request 'Approved as Noted' Submittals
- Review and Comment on RL Turner Insurance Certificates
- Respond to and Monitor Noncompliance Issues
 - Air Barrier Membrane
 - Entrance Gate
- Review of the following Submittals:
 - 15446-001R3 Sump Pump/Control Panel PD & SD

Please call me if you have any questions.

Thank you.

Sincerely,

Greeley and Hansen


Joseph M. Teusch

Jmt/img

INVOICE



GREELEY AND HANSEN

Celebrating 100 YEARS: Quality · Vision · Future

For customer service, call 312 578 2375.

P.O. Box 6197
Chicago, Illinois 60680-6197
p 312 558 9000
www.greeley-hansen.com

Billing Number: 04
Invoice Number: INV-0000393433

Invoice Date: 12/27/13

Description: FOR CONSTRUCTION SERVICES FOR THE NORTHSIDE REGIONAL LIFT STATION AND FORCE MAINS IN ACCORDANCE WITH THE AGREEMENT DATED SEPTEMBER 28, 2009, AMENDMENT NO. 1 DATED MARCH 29, 2010, AMENDMENT NO. 2 DATED JUNE 19, 2012

Bill To:
CITY OF WEST LAFAYETTE
ATTN: MR. DAVID HENDERSON
UTILITY DIRECTOR
500 SOUTH RIVER ROAD
WEST LAFAYETTE, IN 47906

Remit To:
GREELEY AND HANSEN
LBX 619776
P.O. Box 6197
CHICAGO, 60680-6197
USA

Customer Number: 0791

Contract Value
Cost: \$0.00
Fee: \$0.00
Total: \$0.00

Project Number: 0791C.02
Project Name: NORTHSIDE LS & FM 3RD SUB
Terms: NET 30
Due Date: 01/26/14

Cumulative Amount Billed: \$39,266.05

Billing Period From: 11/16/13
To: 12/13/13

	Current Amount	Cumulative Amount
Direct Labor	\$7,675.86	\$10,208.14
Total Direct Labor	\$7,675.86	\$10,208.14
Sub-Consultants	\$0.00	\$6,600.00
Total ODC's	\$0.00	\$6,600.00
Salary Multiplier	\$16,886.90	\$22,457.91
Total Multiplier	\$16,886.90	\$22,457.91
Invoice Total	<u>\$24,562.76</u>	<u>\$39,266.05</u>

Current Incurred Hours: 184.50

INVOICE



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P.O. Box 6197
Chicago, Illinois 60680-6197
p 312 558 9000
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Billing Number:	04	Project Number:	0791C.02		
Invoice Number:	INV-0000393433	Project Name:	NORTHSIDE LS & FM 3RD SUB	Invoice Date:	12/27/13

Non-T&M Labor Supporting Schedule

Group Description:	Total Direct Labor			
Labor Cat Desc	Empl/Vendor	T/S Date	Current Hours	Current Amount
01 CIVIL- SANITARY ASSOCIATE	BARBER, D. BRETT		1.00	\$66.34
01 CIVIL- SANITARY ASSOCIATE	TEUSCH, JOSEPH M		3.00	166.38
02 CIVIL-SANITARY ENGINEER	HARDY, JEREMY D		6.50	238.94
02 CIVIL-SANITARY ENGINEER	HEALY, TIMOTHY S		38.00	1,540.52
22 CONSTRUCTION ENGINEER	BAIN, MARIANNE F		16.00	513.28
22 CONSTRUCTION ENGINEER	GELLER, GREG M		120.00	5,150.40
Direct Labor			<u>184.50</u>	<u>\$7,675.86</u>
Total Direct Labor			184.50	\$7,675.86

INV-0000393433

0791C.02

DATE	BAIN	BARBER	GELLER	HARDY	HEALY	TEUSCH	Grand Total
11/18/13			8.00				8.00
11/19/13			8.00				8.00
11/20/13			8.00				8.00
11/22/13	8.00						8.00
11/25/13			8.00				8.00
11/26/13			8.00				8.00
11/27/13	8.00						8.00
12/02/13			8.00	2.00	2.00		12.00
12/03/13			8.00	1.50	1.50		11.00
12/04/13			8.00	1.50	3.00		12.50
12/05/13			8.00	1.50	3.00		12.50
12/06/13			8.00		2.00		10.00
12/09/13		0.50	8.00		3.50		12.00
12/10/13			8.00		4.00		12.00
12/11/13		0.50	8.00		8.00	3.00	19.50
12/12/13			8.00		6.50		14.50
12/13/13			8.00		4.50		12.50
Grand Total	16.00	1.00	120.00	6.50	38.00	3.00	184.50