HOME OF
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UNIVERSITY
CITY OF
WEST LAFAYETTE

Wastewater Treatment Utility
500 South River Road
West Lafayette, Indiana 47906-4377
Phone: 765.775.5145
Fax: 765.775.5149

To: West Lafayette Board of Public Works and Safety

From: David S. Henderson, Utility Director

RE: Returned SRF Disbursement Requests for the North Side Regional Lift Station (2012 SRF Loan – WW 12792206)

The State Revolving Fund Loan Program has returned disbursement requests #55 and #56 to us unpaid.

These disbursement requests are both for Greeley and Hansen for engineering services related to the North Side Regional Lift Station.

Until all legal issues with RL Turner are resolved, SRF will reserve the remaining funds for construction costs.

SRF Disbursement Request Form

Participant Information

Name:	City of West Lafayette			SRF Loan Number:	WW 12792206
DUNS Number:	04 455 2636	CCR Number:	6NKJ2	Request Number:	55
Mailing Address:	711 West Navajo Street				
City:	West Lafayette	State:	IN	ZIP	47906
Contact Person:	Judith C. Rhodes, Clerk-Treasurer	Contact Phone Number:	765-775-5150		
Authorized Representative:	Mayor John R. Dennis, or C-T J. Rhodes	Authorized Representative 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?	☐ 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?	☐ YES	☒ NO
If yes, please describe:		

Loan Financial Information

Original Loan Amount:	$	4,200,000.00
Total Amount of Previous Disbursements:	$	3,820,627.00
Balance Available After this Disbursement:	$	378,175.00
Amount to Contractor for this Request:	$	**1,198.00**

RECEIVED
FEB 02 2015
INDIANA FINANCE AUTHORITY
ENVIRONMENTAL PROGRAMS

Is any part of this request a partial or final release of retainage to the contractor?	☐ YES	☒ NO

Contractor Name:	Greeley and Hansen	DUNS Number:	04 569 9949
Mailing address:	Lockbox 619775, PO Box 6197		
City:	Chicago	State:	IL
ZIP Code:	60680-6197		

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:	$	**1,198.00**

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, 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).

Authorized Representative Signature:	John R. Dennis / Judith C. Rhodes	Date:	JAN 27 2015

For Internal Use Only:

Approved By:	Ethel L. Morgan	Date:	2/4/15	GPR	$	0

SRF Disbursement Request Form

Participant Information

Name:	City of West Lafayette			SRF Loan Number:	WW 12792206
DUNS Number:	04 455 2636	CCR Number:	6NKJ2	Request	56
Mailing	711 West Navajo Street				
City:	West Lafayette	State:	IN	ZIP	47906
Contact Person:	Judith C. Rhodes, Clerk-Treasurer	Contact Phone Number:	765-775-5150		
Authorized Representative:	Mayor John R. Dennis, or C-T J. Rhodes	Authorized Representative 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?	☐ 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?	☐ YES	☒ NO
If yes, please describe:		

Loan Financial Information

Original Loan Amount:		$	4,200,000.00
Total Amount of Previous Disbursements:		$	3,821,825.00
Balance Available After this Disbursement:	RECEIVED	$	376,526.00
Amount to Contractor for this Request:	FEB 16 2015	$	**1,649.00**

Is any part of this request a partial or final release of retainage to the contractor?	☐ YES	☒ NO

INDIANA FINANCE AUTHORITY ENVIRONMENTAL PROGRAMS

Contractor Name:	Greeley and Hansen	DUNS Number:	04 569 9949
Mailing address:	Lockbox 619776, PO Box 6197		
City:	Chicago	State: IL	ZIP Code: 60680-6197

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:	$	**1,649.00**

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, 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).

Authorized Representative		Date:	FEB 10 2015

For Internal Use Only:

Approved By:		Date:		GPR	$

Revised on July 1, 2014