

SRF Disbursement Request Form

Participant Information							
Name:	Charlestown Municipal Sewage Work	SRF Loan Number:	WW22131002				
UEI #:	HFMNMK5MBUN1	Cage Code:	5UJF9	Request Number:	30L		
Mailing Address:	304 Main Cross Street						
City:	Charlestown	State:	IN	ZIP Code:	47111		
Contact Person:	Treva Hodges			Contact Phone Number:	812-256-3422		
Authorized Representative:	Treva Hodges			Authorized Representative Phone Number:	812-256-3422		
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.):	Engineering services						
Is any part of this claim funded by an alternate funding source?						<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
If yes, please identify the source and amount of the claim funded by the alternate source (OCRA, SAP, Local				READI Funds	40,500.00		
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:						\$	9,900,000.00
Total Amount of Previous Disbursements:						\$	5,667,765.00
Balance Available After this Disbursement:						\$	4,191,735.00
Amount to Contractor for this Request:						\$	40,500.00
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:	Jacobi Toombs and Lanz, Inc.	DUNS #:	050-776-426				
Mailing address:	1829 East Spring Street Suite 201						
City:	New Albany	State:	IN	ZIP Code:	47150		
Wiring Information:							
Bank Name:	PNC	Bank Routing Number:	031207607				
Account Name:	Jacobi, Toombs, and Lanz, Inc.	Account Number:	8147885401				
Retainage Amount for this Request:						\$	
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:						\$	40,500.00
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(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:	\$



New Albany Office
 1829 East Spring Street, Suite 201, New Albany, IN 47150
 P: 1.833.723.4768

CITY OF CHARLESTOWN
 mayor@cityofcharlestown.com
 cc:deborah.miles@cityofcharlestown.com
 IN, IN

March 23, 2026
 Project No: 20081
 Invoice No: 22011875

Invoice Total 40,500.00

Project 20081 Charlestown WWTP Improvements
Professional Services from February 01, 2026 through February 28, 2026

Billing Phase	Fee	Percent Complete	Earned	Previous Fee Billing	Current Fee Billing
Task 6 - Construction Administration	900,000.00	92.7222	834,500.00	814,500.00	20,000.00
Task 7 - RPR	825,000.00	96.1121	792,925.00	782,925.00	10,000.00
Task 8 - Post Construction	150,000.00	6.6667	10,000.00	0.00	10,000.00
Task 9 - State Revolving Fund	200,000.00	98.75	197,500.00	197,000.00	500.00
Total Fee	2,075,000.00		1,834,925.00	1,794,425.00	40,500.00
	Total Fee				40,500.00
			Total this Invoice		40,500.00

J. [Signature]
 SRF



Remit payment to: PRIME AE Group, Inc. | 8415 Pulsar Place | Suite 300 | Columbus, Ohio 43240
 If paying via ACH or wire, please send a remittance advice to cashreceipt@primeeng.com.