

INDIANA FINANCE AUTHORITY
STATE WATER INFRASTRUCTURE & TRANSPORTATION & STORM WATER GRANT 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 approved project eligible for financing through the State Water Infrastructure or Transportation (SWIF) or Transportation & Storm Water (TNSW) Grant Programs. Projects that receive both State Revolving Fund (SRF) loans and SWIF/TNSW need to submit disbursement forms for both programs. SWIF/TNSW eligible costs will be specified by the assigned SRF engineer before the project starts.
2. Invoices should be for grant approved construction related costs of time and material. Land acquisition and related activities will not be reimbursed.
3. Requested amounts must be rounded to the nearest whole dollar. The Request must be typed, on one page and please do not modify the form.
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 (UEI) and Central Contractor Registration (CCR) number as indicated and include the DUNS number for each contractor/vendor.
6. A new Disbursement Request Form should be used for each contractor. Please combine multiple bills from a **single** contractor 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 and the date on which it 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. Contractor inquiries related to the status of a Disbursement request must be initiated by the Participant. The Participant may contact IFA for payment information. Please inform project contractors of this policy.
12. If any part of the claim is funded by an alternate funding source (OCRA, Local Funds ...Etc), indicate on this Request by clicking on the box (Excel version) or double click on the box and select checked (Word version) and list the corresponding dollar amount.
13. Please send all Disbursement Requests to Jenn Pence.

CONTACT INFORMATION

JENN PENCE
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