Disbursement Request Package State Revolving Fund Programs

	1.	Project Sponsor		
	2.	Project Number		
	3.	Disbursement Request Number		
	4.	Invoice Period		
	5.	Type of Request: Partial Fina	ıl 🗌	
	6.	Federal Employer Identification Number		
	7.	Mail EFT Send Remittance to:		
-	(This	must match an address setup in MyFloridaMarketPlace.	com as the Vendor a	ddress).
-				
-				
-				
	D:-1	Details		
		oursement Details nded to the nearest dollar)	Amount This	s Request Total Cumulative
1.	Plar	nning and Specialized Studies (attach invoices)	\$	\$
2.	Des	ign (attach invoices)	\$	\$
3.	Con	struction and Demolition (attach pay estimates)	\$	\$
4.	Tec	hnical Services during Construction (attach invoices)	\$	\$
5.	Oth	er (must be specified in agreement)	\$	\$
6.			\$	\$
7.	Tota	al cumulative to date		\$
8	Disk	oursements previously requested		\$()
9.	Amo	ount requested for disbursement	\$	\$
			(Total of lines 1 t	through 6) (Line 7 minus Line 8)

** SUBMIT ONE ORIGINAL COPY OF THIS FORM AND SUPPORTING DOCUMENTATION TO: ** ${\bf SRF_Reporting@dep.state.fl.us}$

Project Number	
Disbursement Number	

Authorized Representative's Certification of Disbursement Request and Davis-Bacon Certification

l, _					
(name of Authorized Representative designated in the agreement)					
on b	ehalf of , do hereby certify that:				
	(name of Project Sponsor)				
1.	The disbursement amount requested on page 1 of this form is for allowable costs for the project described in the agreement.				
2.	Materials, labor, equipment, and/or services representing costs included in the amount requested have been satisfactorily purchased, performed or received, and applied toward completing the project such costs are documented by invoices or other appropriate documentation which are filed in the Project Sponsor's permanent records.				
3.	The Project Sponsor is required to pay such costs under the terms and provisions of contracts relatin directly to the project, and the Project Sponsor is not in default of any terms or provisions of the contracts.				
4.	All funds received to date have been applied toward completing the project.				
5.	All permits and approvals required for the construction which is underway have been obtained.				
6.	If applicable for construction projects, I certify to the best of my knowledge and belief that the above referenced project complies with Davis-Bacon and Related Acts such that all of the laborers and mechanics employed by contractors and subcontractors during the referenced period on the contractors pay applications submitted with this disbursement request were paid wages at rates not less than those listed on the prevailing wage rate contained in the contract documents and that all applicable provisions of the Davis-Bacon and Related Acts have been met.				
	I also certify that interviews and periodic reviews of a representative sample of the weekly payroll have been performed to verify that contractors and subcontractors are paying the appropriate warate.				
	I understand that falsifying information on this certification may be grounds for termination of the SRI loan agreement.				
	(Signature of Authorized Representative)				
	(Title)				

(Date)

roject Number	
Disbursement Number	

(P.E. Number)

Engineer's Certification of Disbursement Request

Ι,	(name of Professional Engineer)	, being the Professional Engineer retained by		
pro	(name of Project Sponsor) ject described in the Agreement and do he	_ , am responsible for overseeing construction of the ereby certify that:		
1.	satisfactorily purchased or received and a	represented by the construction invoices have been applied to the project in accordance with construction asly approved by the Department of Environmental		
2. 3.	Payment is in accordance with construction contract provisions; Adequate construction supervision is being provided to assure compliance with construction requirements and Florida Administrative Code Rule 62-604.600 (2)(b) or Rule 62-620.630(2)(a) for CWSRF or Florida Administrative Code Rule 62-555.540 (2)(b) or Rule 62-555.520(3) for DWSRF, as appropriate;			
4. 5. 6.				
	the Department.			
		Signature of Professional Engineer		
		Firm or Affiliation		

(Date)

PROJECT NUMBER:

CONTRACTOR'S REPORT OF DISADVANTAGED BUSINESS ENTERPRISE PARTICIPATION

Project Name:			Month	of _		, 200
General Contractor: Contact Person:		Tolonhono				
Address:	Telephone:					
Amount of Contract:	\$	MB	E		WBE	
		<u></u> %:			%:	
DRE Informati	tion:	Circle either MB	E or W/RE	and (Complete	Form
DDL IIIIOIIIIai	ion.	Circle ettiler MD	L OI WBL	anu	Joinpiele	i Oilli.
MBE/WBE Firm Name:			ontact Person			
Date of Award:			tract Value:	\$		
Completed-to-Date:	\$	Pa	aid-to-Date:	\$		
Work Description: Comments:			i eiepr	none #:		
MBE/WBE Firm Name:		C	Contact Person	:		
Date of Award:		Con	tract Value:	\$		
Completed-to-Date:	\$	Pa	aid-to-Date:	\$		
Work Description:			Teleph	none #:		
Comments:						
MBE/WBE Firm Name:			Contact Person			
Date of Award:			tract Value:	·		
Completed-to-Date:	\$		aid-to-Date:	\$		
Work Description:	<u> </u>	· ·		none #:		
Comments:					-	
MBE/WBE Firm Name:	_		Contact Person			
Date of Award:	Φ.		tract Value:	\$		
Completed-to-Date: Work Description:	\$	Pa	aid-to-Date:	 none #:		
Comments:			i elepi	ione #.		
Attach additiona	al pag	es as required.				
General Contractor's Sig	ınature:				Date:	
For questions or further information please contact Charles Richards at (850)245-2926.						

<u>NOTE:</u> Please submit with construction disbursement requests for payment on all projects using federal funds.