



**DEPARTMENT OF ENVIRONMENT AND CONSERVATION  
STATE REVOLVING FUND LOAN PROGRAM  
REQUEST FOR DISBURSEMENT OF FUNDS**

REQUEST NUMBER: \_\_\_\_\_ PROJECT # \_\_\_\_\_  
 LEGAL NAME OF APPLICANT: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 CITY, STATE, ZIP: \_\_\_\_\_  
 PERIOD COVERED BY THIS REQUEST: \_\_\_\_\_ TO \_\_\_\_\_

**CHECK ONE:**  
 Clean Water (CWSRF)  
 Drinking Water (DWSRF)  
 TLDA State Loan

**STATUS OF FUNDS**  
*Programs-Functions-Activities*

CLASSIFICATIONS OF CUMULATIVE TO DATE COSTS	CURRENT SRF BUDGET	STATE LOAN FUNDING CUMULATIVE TOTALS	LOCAL FUNDING CUMULATIVE TOTALS	OTHER FUNDING CUMULATIVE TOTALS	PROJECT CUMULATIVE TOTALS
(a) Administrative & Legal fees	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
(b) Land Costs, Appraisals	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
(c) Planning Fees	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
(d) Design Fees	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
(e) Engineering Basic Fees	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
(f) Other Engineering Fees	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
(g) Project Inspection Fees	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
(h) Construction and Project Improvement Costs					
(h1)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
(h2)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
(h3)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
(h4)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
(h5)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
(h6)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
(h7)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
(h8)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
(i) Equipment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
(j) Miscellaneous Costs	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
(k) Contingencies	\$0.00				
(l) Total Cumulative to Date	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
(m) Total Payments Previously Requested		\$0.00			
(n) Amount Requested for Reimbursement		\$0.00			
(o) % of Project Completion		#DIV/0!			

**CERTIFICATION**

I certify, to the best of my knowledge and belief, that the billed costs or disbursements are in accordance with the terms of the project, the request for payment represents the monies due which have not been previously requested, an inspection has been performed, and all work is in accordance with the terms of the award.

\_\_\_\_\_  
Signature of Authorized Certifying Official\*

\_\_\_\_\_  
Date

\_\_\_\_\_  
Type or Printed Name and Title

\_\_\_\_\_  
Date

\*Only forms submitted with original signatures will be processed.  
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