

**OHIO PUBLIC WORKS COMMISSION
APPENDIX E - DISBURSEMENT REQUEST FORM AND CERTIFICATION**

DISBURSEMENT REQUEST NUMBER: 4

Statement requesting the disbursement of funds from the OPWC pursuant to Section 6 of the Project Agreement executed between the Director of the Ohio Public Works Commission ("Director") and **Russell Township (055-69232), Geauga County** (the "Recipient"), dated **July 1, 2017** for the sole and express purpose of financing the capital improvement project defined and described in Appendix A of the Agreement (the "Project") and named as numbered as **County Line Road Reconstruction, DGU11**

EXPENDITURES PROGRESS:	(1) AS PER AGREEMENT	(2) PRIOR DISBURSED	(3) AS PART OF THIS DRAW	(4) PAID TO DATE (Column 2 + 3)
A) Project Engineering Costs				
1 Preliminary Engineering	\$0	\$ 0.00	\$	\$ 0.00
2 Final Design	\$0	\$ 0.00	\$	\$ 0.00
3 Construction Administration	\$0	\$ 0.00	\$	\$ 0.00
B) Right-of-Way	\$0	\$ 0.00	\$	\$ 0.00
C) Construction Costs	\$875,000	\$ 1,317,889.49	\$ 83,935.88	\$ 1,401,825.37
D) Materials Purchased Directly	\$0	\$ 0.00	\$	\$ 0.00
E) Permits, Advertising, Legal	\$0	\$ 0.00	\$	\$ 0.00
F) Construction Contingencies	\$0	\$ 0.00	\$	\$ 0.00
G) Totals	\$875,000	\$ 1,317,889.49	\$ 83,935.88	\$ 1,401,825.37

FINANCING PROGRESS:	(1) AS PER AGREEMENT	(2) PRIOR DISBURSED	(3) AS PART OF THIS DRAW	(4) PAID TO DATE (Column 2 + 3)
H) OPWC Funds	\$350,000	\$ 67,337.79	\$ 29,826.73	\$ 97,164.52
I) Local Share				
1 In-kind Contributions	\$0	\$ 0.00	\$	\$ 0.00
2 Public Revenues	\$525,000	\$ 309,266.43	\$ 0.00	\$ 309,266.43
3 Private Revenues	\$0	\$ 0.00	\$	\$ 0.00
J) Other Public Revenues				
1 ODOT/FHWA	\$0	\$ 0.00	\$	\$ 0.00
2 OEPA	\$0	\$ 0.00	\$	\$ 0.00
3 OWDA	\$0	\$ 0.00	\$	\$ 0.00
4 CDBG	\$0	\$ 0.00	\$	\$ 0.00
5 Other - Vil. of Hunting Valley	\$0	\$ 941,285.27	\$ 54,109.15	\$ 995,394.42
K) Total Local and Other Public Revenues	\$525,000	\$ 1,250,551.70	\$ 54,109.15	\$ 1,304,660.85
L) Totals (H+K for each column)	\$875,000	\$ 1,317,889.49	\$ 83,935.88	\$ 1,401,825.37

[NOTE: Column totals for Line L must be equal to the column totals for Line G]

Subdivision Name:
Project Name:
OPWC Control No.:

Geauga County
County Line Road Reconstruction
DGU11

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Disb. Request #: 4

Is this the final request for disbursement of OPWC funds?..... YES X NO

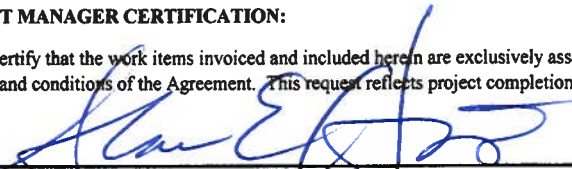
If the answer is YES or if this disbursement uses the remainder of your OPWC assistance, your project file will be closed upon processing this request. As described in Appendix D of the Project Agreement, your minimum Percentage Contribution is 40 % of the total project cost.

AUTHORIZED CERTIFICATIONS

(Note: Changes to project officials must be submitted in writing.)

PROJECT MANAGER CERTIFICATION:

I hereby certify that the work items invoiced and included herein are exclusively associated with the Project, have been completed in a satisfactory manner, and are otherwise in accord with the terms and conditions of the Agreement. This request reflects project completion at an estimated 39 %.

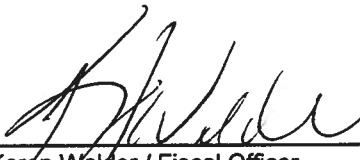
	<u>4/7/2020</u>	<u>(440) 279.1800</u>
Shane Hajjar, P.E. / Deputy County Engineer	Date	Phone

CHIEF EXECUTIVE OFFICER AND CHIEF FINANCIAL OFFICER CERTIFICATION:

Pursuant to Section 6(b) and 6(c) of the Agreement, the undersigned Chief Executive Officer and Chief Fiscal Officer of the Recipient, as both are designated in Appendix B of the Agreement, hereby request the Director to disburse financial assistance moneys made available to Project in Appendix C of the Agreement (inclusive of any amendment thereto) to the payee as identified below in the amount so indicated which amount equals the product of the Disbursement Ratio and the dollar value of the attached cost documentation which was properly billed to the Recipient in exclusive connection with the performance of the Project. The undersigned further certify that:

- 1) Each item of project cost documentation attached hereto is properly payable by the OPWC in accordance with the terms and conditions of the Agreement, and none of the items for which payment is requested has formed the basis of any payment heretofore made from the OPWC;
- 2) Each item for which payment is requested hereunder is or was necessary in connection with the performance of the project;
- 3) In the event that any of the money disbursed to the Recipient pursuant to this request is to be used to pay Project costs based on an invoice submitted by a contractor of which the Recipient's share is yet to be paid, the Recipient shall expend such money to pay such contractor for the Project costs within twenty-four (24) hours after receipt thereof. Recipient shall hold
- 4) This statement and attachments hereto shall be conclusive as evidence of the facts and statements set forth herein and shall constitute full warrant, protection, and authority to the Director for any actions taken pursuant hereto; and
- 5) This document evidences the approval of the undersigned Chief Executive Officer and Chief Fiscal Officer of each payment hereby requested and authorized.

IN WITNESS WHEREOF, the undersigned have executed this Disbursement Request Form and Certification as of this 13th day of APRIL , 20 20 .



Karen Walder / Fiscal Officer

(440) 338.8912

CFO Phone



Gary Gabram / Township Trustee

Subdivision Name: Russell Township, Geauga County
Project Name: County Line Road Reconstruction
OPWC Control No.: DGU11

Disb. Request #: *21/2/21*

CONTRACTOR/VENDOR PAYEE IDENTIFICATION:

Set forth the appropriate portion(s) of this Disbursement Request amount (all or part of the amount from H(3)) that is to be paid to each of the contractors/vendors (or Subdivision) identified below, and as are supported through accompanying copies of invoices or other evidence of expense.

1) AMOUNT TO BE PAID CONTRACTOR/VENDOR BY OPWC \$29,826.73
PAYEE: Trax Construction Co.
ADDRESS: 30701 Euclid Ave.
Wickliffe, OH 44092
PHONE: 1.440.585.1439
FEDERAL TAX ID: 11-3681814

2) AMOUNT TO BE PAID CONTRACTOR/VENDOR BY OPWC _____
PAYEE: _____
ADDRESS: _____
PHONE: _____
FEDERAL TAX ID: _____

3) AMOUNT TO BE PAID CONTRACTOR/VENDOR BY OPWC _____
PAYEE: _____
ADDRESS: _____
PHONE: _____
FEDERAL TAX ID: _____

4) AMOUNT TO BE PAID CONTRACTOR/VENDOR BY OPWC _____
PAYEE: _____
ADDRESS: _____
PHONE: _____
FEDERAL TAX ID: _____

OPWC USE ONLY	Accounting: _____
Approval By: _____	Auditor: _____
Date: _____	