Item # 7F
Date: 12/8/25

Exhibit B
PAYMENT REQUEST FORM

Name and Address: City of Nevada

Contract Number: 2024-06

Pursuant to, and in accordance with, the provisions of the Grant Agreement dated as of February 20, 2024 (the "Agreement"), between the SCHT and the City of Nevada (the "Grantee"), the SCHT is hereby requested to pay to the Grantee the sum of **$4,900** for reimbursement (include invoices corresponding to, supporting, and documenting the request).

Such amount represents payments for: (please include project description and location):
IT IS HEREBY CERTIFIED THAT: **window replacement**

(a) None of the items for which disbursement is requested has been previously paid under this Agreement;
(b) The obligation with respect to which this disbursement is being requested has been properly incurred in accordance with the Agreement with respect to the Program set forth in the approved SCHT Grant Application and is a proper charge under the Agreement;
(c) The Grantee has no notice of, and is not otherwise aware of, any mechanics', materialmen's, laborers', suppliers', vendors' or other liens or rights in respect thereof which should, in accordance with the Agreement, be satisfied or discharged before this disbursement is made, other than those for which appropriate lien waivers are attached to this Payment Request Form.

AUTHORIZED GRANTEE REPRESENTATIVE:

Date: **December 4, 2025**

Signature
Brenda S. Dryer – Project Advisor

Send requests to Lucas Young at: lyoung@midiowaplanning.org

mad city
WINDOWS & BATHS

Mad City Windows & Baths, LLC
4916 E Broadway
Madison, WI 53716

Invoice Number: MC91181DM
Statement Date: 12/04/25
P.O. No. MC91181DM
Terms Cash

Vicki Sparks
725 F Avenue
Nevada, IA 50201

The invoice includes supplements, upgrades, and discounts. If you have any questions, please call the production office at 1-608-709-2110. Please remit payment so we can close your account and issue your warranty. Any repairs on your project will be covered under your warranty. We cannot issue your warranty or perform any repair work until your account is paid in full. An intent to lien will be filed for accounts 30 days past due.

Account Description

Provide, install or replace the following products per your contract: Windows	9,800.00
There will be late fees of 1.5% on any balance due over the date of completion	$9,800.00

THANK YOU FOR YOUR BUSINESS!!

Cash or balance due upon completion

Detach and return the payment stub with your payment
Do not send cash. Please write in black or blue ink.

mad city
WINDOWS & BATHS

Mad City Windows & Baths, LLC
4916 E Broadway
Madison, WI 53716

Invoice Number: MC91181DM
Total Due $4,900.00

Thank you for your business

$ 4,900.00

Mad City Windows & Baths, LLC.

Amount Enclosed

Please make check payable to
Mad City Windows & Baths, LLC