

# Public Works

Task Work Order Pay Application Instructions



Section I.

Date Received: [ ]

Table with 2 columns: Field Name, Value. Includes Project Name, CIP #, Vendor, Bid #, Contract #, PO #, WO #, Remit Address.

Table with 2 columns: Field Name, Value. Includes Invoice Number, Appl #, Appl Date, Period Start Date, Period End Date, Supplier #, Tax ID #, BOCC Doc #.

Change Order Summary table with columns: 1, 2, 3, 4. Includes CO #, Date Approved, Additive, Deductive, Totals.

Contract Status table with 2 columns: Field Name, Value. Includes Original Contract Sum, Net Change By Change Orders, Contract Sum to Date, Value of Work In Place, Value of Stored Materials, Total Earned, Retainage at, Total Earned Less Retainage, Previous Payments, Less, Current Payment Due.

Section II. Certification by Contractor

The undersigned Contractor certifies:

- 1) All amounts and items shown on this application are correct.
2) Any work performed or materials supplied have been done in accordance with the contract documents.
3) That the contractor has clear title to any materials or equipment for which the contractor is requesting payment as stored materials.
4) All amounts paid by the County to the Contractor in previous progress payments have been applied by the Contractor and the Subcontractors to promptly pay, in proportionate amounts, all subcontractors, suppliers, and others who have contributed with or materials listed in the Schedule of Values of the previous Payment Applications, except as indicated on Attachment 1, which is incorporated herein, consisting of \_\_\_page(s). 25
5) The Contractor will apply any sums paid by the County from this Application for Payment to subcontractors, material, supplies and others who have contributed work or materials included in the line items referenced in the attached Schedule of Values (less retainage is applicable) except as indicated on Attachment 2, which is incorporated herein, consisting of \_\_\_ pages. 26

Contractor signature block with fields for Contractor, By, Title, Date.

STATE OF FLORIDA
COUNTY OF HILLSBOROUGH
Sworn to (or affirmed) and subscribed before me by means of [ ] physical presence or [ ] online notarization, this \_\_\_ day of \_\_\_, 20\_\_\_, by \_\_\_
Personally Known OR Produced Identification
Type of Identification Produced \_\_\_

Notary Public: 28 (SEAL)
My Commission Expires: \_\_\_

- 1. Input the total number of pages in the submittal.
2. Input the project name.
3. Input the CIP number from work order.
4. Input the name of the contractor contracted with Hillsborough County
5. Input the bid number from the contract.
6. Input the Hillsborough County CPA number (contract number).
7. Input the PO number from the Purchase Order (may be found on NTP).
8. Input the WO (work order number – should start with CPAPO).
9. Input the remit address of the contractor (where payment should be sent to).
10. Input the invoice number (typically pay application number-po number) .
• Indicate revisions with a R after the pay application number. If more than 1 revision is required, the R should show as R1 for revision 2, R2 for revision 3, etc.
11. Input the sequential pay application number (1, 2, 3, 4, ...).
12. Input the date the application was fully completed.
13. Input the start date of the period materials and work was completed.
14. Input the end date of the period materials and work was completed.
15. Input the Hillsborough County supplier number.
16. Input the vendor’s tax ID number.
17. Input the Board of County Commissioners Document Number (from awarded contract).
18. List the change order or revision number.
19. Input the date the change order or revision was approved.
20. If the change order or revision was positive, input the amount here. If change was negative, leave blank.
21. If the change order or revision was negative input the amount here. If change was positive, leave blank.
22. Input the original total value from the bid.
23. Input the retainage percentage if applicable. If retainage is not applicable leave blank.
24. Input the total amount of all previous payments.
25. Input value from field 1.
26. Input vale from field 1.
27. Input vendor name, representative signature, representative’s title, and date.
28. Must be filled out by a licensed Notary Public.





**SUBCONTRACTOR'S STATEMENT OF SATISFACTION**

(Attachment to General Contractor's Application for Payment No. 11)

**Form No. WO CPAAP-7.21.2023**

Note: The General Contractor shall attach this statement to each Application for Payment beginning with the second Application for Payment. This statement is applicable to each subcontractor whose work appeared on the prior Application for Payment for which the General Contractor has been paid.

KNOW ALL MEN BY THESE PRESENTS, That,  
(Name) \_\_\_\_\_  
representing \_\_\_\_\_  
whose address is \_\_\_\_\_  
with the title of \_\_\_\_\_ who after being first duly sworn  
upon oath, deposes and says that pursuant to the provisions of the contract for:

Project Number \_\_\_\_\_  
Project Name \_\_\_\_\_  
General Contractor \_\_\_\_\_

that all monies due him/her from the General Contractor's Application for Payment No. 11  
(Period of work: 1/13/1900 to 1/14/1900 ) have been paid to him/ her

**STATE OF FLORIDA  
COUNTY OF HILLSBOROUGH**

Sworn to (or affirmed) and subscribed before me by means of  physical presence or  online notarization,  
this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_  
(Day) (Month) (YY) (Name of person making statement)

\_\_\_\_\_  
(Signature of Notary Public - State of Florida)

**CONTRACTOR'S AFFIDAVIT OF PAYMENT OF DEBTS AND CLAIMS**

(Attachment to General Contractor's Application for Payment No. 11)

**Form No. WO CPAAP-7.21.2023**

The undersigned hereby certifies that except as noted below all bills for labor, services, and materials the CONTRATOR and all suppliers and/or subcontractors of the CONTRACTOR under and pursuant to the provisions of the agreement dated the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ between the Hillsborough County Board of County Commissioners (COUNTY) and \_\_\_\_\_ (CONTRACTOR) concerning that certain project designated as \_\_\_\_\_ have been paid in full or otherwise satisfied including all known indebtedness and all claims for damages against said CONTRATOR arising in any manner in connection with the performance of the Agreement referenced above for with the COUNTY might in any way be held responsible.

Exceptions: \_\_\_\_\_ (If None, write "None")  
\_\_\_\_\_ (If Yes, write "Yes" and attach list)

Certified this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

**CONTRACTOR:**

**BY:** \_\_\_\_\_  
\_\_\_\_\_  
Title

**STATE OF FLORIDA  
COUNTY OF HILLSBOROUGH**

Sworn to (or affirmed) and subscribed before me by means of  physical presence or  online notarization,  
this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_  
(Day) (Month) (YY) (Name of person making statement)

\_\_\_\_\_  
(Signature of Notary Public - State of Florida)

\_\_\_\_\_  
(Print, Type, Or Stamp Commissioned Name of Notary Public)

Personally Known or Produced Identification  
Type of Identification Produced \_\_\_\_\_

- **Form to be Duplicated & Filled out and used as needed:**
  - SUBCONTRACTOR'S STATEMENT OF SATISFACTION
  - CONTRACTOR'S AFFIDAVIT OF PAYMENT OF DEBTS AND CLAIMS

CONSENT OF SURETY TO FINAL PAYMENT

Form No. WO CPAAP-7.21.2023

WHEREAS, the BOARD OF COUNTY COMMISSIONERS OF HILLSBOROUGH COUNTY, FLORIDA, hereinafter called the "OWNER", an \_\_\_\_\_ hereinafter called the "CONTRACTOR", entered into an Agreement on \_\_\_\_\_, 20\_\_\_\_, for the purpose of \_\_\_\_\_; and

WHEREAS, \_\_\_\_\_ hereinafter called the "SURETY", is bound to the OWNER through its Performance and Payment Bond dated \_\_\_\_\_, 20\_\_\_\_ and in the sum of \$ \_\_\_\_\_.

NOW, THEREFORE, the SURETY does hereby approve of the Final Payment by the OWNER to the CONTRACTOR and agrees that said Final Payment shall not relieve the SURETY of any obligations to the OWNER as set forth in the aforesaid BOND.

Given this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

SURETY: \_\_\_\_\_

\_\_\_\_\_  
Witness BY: \_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Witness BY: \_\_\_\_\_  
As Attorney in Fact

BY: \_\_\_\_\_  
Agency (attach Power of Attorney)

STATE OF FLORIDA  
COUNTY OF HILLSBOROUGH

Sworn to (or affirmed) and subscribed before me by means of  physical presence or  online notarization, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_, by \_\_\_\_\_  
(DD) (Month) (YY) (Name of person making statement)

\_\_\_\_\_  
(Signature of Notary Public - State of Florida)

\_\_\_\_\_  
(Print, Type, Or Stamp Commissioned Name of Notary Public)

Personally Known or Produced Identification  
Type of Identification Produced \_\_\_\_\_

Section II.

Project:	2
CIP #	3
Bid #	5
Contractor:	4

ATTACHMENT 1

\*(Prior applications; see section II, item 4)

Form No. WO CPAAP-7.21.2023

Appl #	11
Appl Date	1/12/1900
For Per From	1/13/1900
For Per To	1/14/1900

Name of Entity	Relationship	Amount in Dispute	Application for Payment No. or Corresponding line item reference to Schedule of Values	Explanation

Section II.

Project:	2
CIP #	3
Bid #	5
Contractor:	4

ATTACHMENT 2

\*(Current applications; see section II, item 5)

Form No. WO CPAAP-7.21.2023

Appl #	11
Appl Date	1/12/1900
For Per From	1/13/1900
For Per To	1/14/1900

Name of Entity	Relationship	Amount in Dispute	Application for Payment No. or Corresponding line item reference to Schedule of Values	Explanation

- Form to be Duplicated & Filled out and used as needed:
  - CONSENT OF SURETY TO FINAL PAYMENT
    - Attachment II
    - Attachment II