# Public Works

Task Work Order Pay Application Instructions



Hillsborough County Application for Payment

EST. 1834			
Section I.		Date Received:	
Project Name:	2		
CIP #	3		
Vendor	4		
Bid #	5		
Contract #	6		
PO #	7		
WO #	8		
Remit Address	9		

Change Orde	ge Order Summary Contract Status					
2	3	4	22			
Date			Net Change By Change Orders			
Approved	Additive	Deductive	(Column 3 minus Column 4)	\$	-	
19	19 20 21		Contract Sum to Date	\$	-	
				•		
			Value of Work In Place	\$	-	
			Value of Stored Materials	\$	-	
			Total Earned	\$	-	
			Retainage at 23	\$	-	
			Total Earned Less Retainage	\$	-	
			Previous Payments	24		
			Less	\$	-	
	\$ -	\$ -	Current Payment Due			

Section II Certification by Contractor

The undersigned Contractor certifies:

CO # 18

Totals

- 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. 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 4) Schedule of Values of the previous Payment Applications, except as indicated on Attachment 1, which is incorporated herein, consisting of

page(s). 25

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)

STATE OF FLORIDA

5) except as indicated on Attachment 2, which is incorporated herein, consisting of pages. 26

Contractor:							
	27						
By:	21						
Title		Date:					

Notary Public:	28	(SEAL)
My Commission Expires:		

## Form No. WO CPAAP-7.21.2023

Page 1 of	1
Invoice Number	10
Appl #	11
Appl Date	12
Period Start Date	13
Period End Date	14

Supplier #	15
Tax ID #	16
BOCC Doc #	17

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Contract Status		
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Input the total number of pages in the submittal.

2. Input the project name.

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

STATE OF FLORIDA
COUNTY OF HILLSBOROUGH
Sworn to (or affirmed) and subscribed before me by i

Sworn to (or affirmed) a means of [ ] physical presence or [ ] online notarization, this day of

, 20, by
Personally Known OR Produced Identification
Type of Identification Produced

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PROJECT:		1	_		- incol	Count								PAY APPLI	CATION DATE:	5	
CIP NUMBER		2	_			Count	y Flor	da						P	ERIOD FROM:	6	
CONTRACTOR:		3	_		ELT INTE										PERIOD TO:	7	
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County Bid Item				Unit of			Previous	Previous Amount	This Period	Total Amount	Previously	Stored Material	Material	Total Stored	Total To Date	Total Amount	
No.	FDOT Item Number	Item Description	Bid Quantity	Measure	Unit Price	Bid Amount	(Quantity)	(\$)	(Quantity)	This Period (\$)	Stored Material	this Period	Installed This	Material	(Quantity)	Completed (QTY x	Percent
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THE FOLLOWING SUBCONTRATORS PERFROMED WORK DURING THE PREVIOUS PAY APPLICATION PERIOD

26

- 1. Data will be imported from values input on Pay Application cover sheet.
- 2. Data will be imported from values input on Pay Application cover sheet.
- 3. Data will be imported from values input on Pay Application cover sheet.
- 4. Data will be imported from values input on Pay Application cover sheet.
- 5. Data will be imported from values input on Pay Application cover sheet.
- 6. Data will be imported from values input on Pay Application cover sheet.
- 7. Data will be imported from values input on Pay Application cover sheet.
- 8. Input the Hillsborough Line Item Number from the Bid.
- 9. Input the FDOT Line Item Number if applicable.
- 10. Input the Line Item Description correlating to the Hillsborough County Line Item from Bid.
- 11. Input the initial Bid Quantity from bid for the line item.
- 12. Input the Unit of Measure from the bid for the line item.
- 13. Input the Unit Price from the bid for the line item.
- 14. Will automatically calculate (if formula is lost formula should be =round(Bid Quantity \* Unit Price,2))
- 15. Input the Total Quantity to Date from previous pay application. If first application leave blank.
- 16. Input the Total Amount Completed from previous pay applications. If first application leave blank.
- 17. Input the Total Amount being claimed this period.
- 18. Will automatically calculate (if formula is lost formula should be =round(This Period Quantity \* Unit Price,2))
- 19. Will automatically input from Stored Material Sheet
- 20. Will automatically input from Stored Material Sheet
- 21. Will automatically input from Stored Material Sheet
- 22. Will automatically input from Stored Material Sheet
- 23. Will automatically input from Stored Material Sheet
- 24. Will automatically calculate. If formula is lost formula should be Previous Quantity + Quantity this Period)
- 25. Will Automatically calculate. If formula is lost formula should be Total Amount completed / Bid Amount.

#### On-Site Stored Materials Value

Section I.										
Project:	1				Form No. WO CPAAP-7.21					]
CIP #	2							Appl #	7	
Vendor	3							Appl Date	8	
Bid #	4							For Per From	9	1
PO#	5							For Per To	10	1
WO#	6							•	•	-
		А	В	с	D = (A+B-C)	E	F	G	н	- I
County Bid Item Number	Name of Supplier (1) Suppliers Invoice Number, Description of Item	Value as of Last Payment (2)	Value Received This Period (3)	Value Installed This Period (4)	Total Value of Stored Material (5)	75% of Bid Item Value (6)	Total Stored Material Claimed	Value Previously Claimed	Value Claimed This Period	Value Installed This Period
11	12	13	14	15	16	17	18	19	20	21
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County	Name of Supplier (1)	Value	Value	Value	Total Value	16
Bid Item	Suppliers Invoice Number,	as of Last	Received This	Installed This	of Stored	10.
Number	Description of Item	Payment (2)	Period (3)	Period (4)	Material (5)	17.
10	Inv 12346 - Supplier A, Inve 987654 - Supplier B, Inv 564321 - Supplier C		\$ 1,000.00		\$ 1,000.00	
22	Inv 12346 - Supplier A, Inve 987654 - Supplier B		\$ 2,000.00		\$ 2,000.00	
57	Inv 12A45B - Supplier D		\$ 750.00		\$ 750.00	18
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1. Data will be imported from values input on Pay Application cover sheet.

2. Data will be imported from values input on Pay Application cover sheet.

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8. Data will be imported from values input on Pay Application cover sheet.

9. Data will be imported from values input on Pay Application cover sheet.

10. Data will be imported from values input on Pay Application cover sheet.

11. Input the County Line Item number from the bid which stored material is being claimed against. (there should only be one line item for each bid item)

12. Input the Suppliers Invoice number and Supplier name (Inv. ###-Supplier) for each invoice that has stored material related to the line item. (Invoices may span multiple line items)

• Each invoice will need to be clearly marked as to which items relate to it's corresponding Line Item Number.

• Each invoice should include a summary showing the total amount from the invoice which is being claimed against each corresponding line item

Example:

3.

5.

6.

7.

13. Input the Total Value of Stored Material from previous applications. If first application leave blank.

 Input the total value of Stored Material that is being requested in the current application.

5. Input the total value of Stored Material that was installed in the current application

This column will automatically calculate based on entries form items 13 through 15

17. This column will automatically calculate 75% of the line item bid value. This is the maximum that can be claimed for any line item.

This column automatically calculates the maximum total amount of stored materials this period and will automatically input the value on the SOV sheet on the corresponding line.

19. This column automatically calculates the maximum amount of materials previously claimed this period and will automatically input the value on the SOV sheet on the corresponding line.

20. This column automatically calculates the maximum amount of materials claimed this period and will automatically input the value on the SOV sheet on the corresponding line.

21. This column automatically calculates the maximum amount of materials installed this period and will automatically input the value on the SOV sheet on the corresponding

# SUBCONTRATOR'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 THESES PRESENTS, That, (Name) representing whose address is who after being first duly sworn with the title of 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



(Signature of Notary Public - State of Florida)

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

## 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

1.1 0.4	I suppliers and/or subcontractors of the CONTRA	CTOR under and pursua
provisions of the agreeme	nt dated the day of	,20
the Hillsborough County I	Board of County Commissioners (COUNTY) and	
	(CONTRATOR) concerning t	hat certain project desig
		have been paid in full or
satisfied including all kno	whindebtedness and all claims for damages again	ist said CONTRATOR a
any way he held responsib	a the performance of the Agreement referenced at	ove for while the COON
any way be nero response	ne.	
Exceptions	(If None write "None")	
Exceptions.	(If None, write "None") (If Vec. write "None")	
	(II Tes, while Tes and attach list)	
Certified this	day of , 20	
	CONTRATOR:	
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		Title
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#### CONSENT OF SURETY TO FINAL PAYMENT

#### Form No. WO CPAAP-7.21.2023

WHEREAS, the BOARD OF COUNTY COMMISSIONER	RS OF HILLSBOROUGH COUNTY,
FLORIDA, hereinafter called the "OWNER", an	hereinafter
called the "CONTRACTOR", entered into an Agreement or	,20
, for the purpose of	; and
WHEREAS,	hereinafter called the "SURETY", is bou
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.

(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. Form No. WO CPAAP-7.21.2023 ATTACHMENT 11 Project: Appl # CIP # Appl Date 1/12/1900 1/13/1900 Bid # \* (Prior applications; see section II, item 4) For Per From 1/14/1900 ontractor: 4 For Per To Application for Payment No. or Name of Entity Relationship Amount in Dispute Corresponding line item reference to Explanation Schedule of Values

Section II.		_		Fo	rm No. WO CPAAP-7.21.2023			
Project: 2		ATTACHMENT 2		Appl #	11			
CIP # 3		* (Current applications; see section II, item 5)		Appl Date	1/12/1900			
Bid # 5 Contractor: 4				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			
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• Form to be Duplicated & Filled out and used as needed:

- CONSENT OF SURETY TO FINAL PAYMENT
  - Attachment II
  - Attachment II