Public Works

Task Work Order Pay Application Instructions

Hillsborough County Florida

Hillsborough County Application for Payment

Form No. WO CPAAP-7.21.2023

Page 1 of	1

Date Received:	

Section I.

Project Name:	2
CIP #	3
Vendor	4
Bid #	5
Contract #	6
PO #	7
WO #	8
Remit Address	9

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

Supplier #	15
Tax ID #	16
BOCC Doc #	17

Change Order Summary

1	2	3	4
CO #	Date Approved	Additive	Deductive
18	19	20	21
Totals		$ -	$ -

Contract Status

Original Contract Sum	22
Net Change By Change Orders (Column 3 minus Column 4)	$ -
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:

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:			
By:	27		
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.

SCHEDULE OF VALUES SUMMARY

Hillsborough County Florida

Form No. WO CPAAP-7.21.2023

PROJECT: 1
CIP NUMBER 2
CONTRACTOR: 3

PAY APPLICATION NO.: 4
PAY APPLICATION DATE: 5
PERIOD FROM: 6
PERIOD TO: 7

County Bid Item No.	FDOT Item Number	Item Description	Bid Quantity	Unit of Measure	Unit Price	Bid Amount	Previous (Quantity)	Previous Amount ($)	This Period (Quantity)	Total Amount This Period ($)	Previously Stored Material	Stored Material this Period	Material Installed This Period	Total Stored Material	Total To Date (Quantity)	Total Amount Completed (QTY x Unit)	Percent Complete
8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
						$ -				$ -	$ -	$ -	$ -	$ -	0.00	$ -	
						$ -				$ -	$ -	$ -	$ -	$ -	0.00	$ -	
						$ -				$ -	$ -	$ -	$ -	$ -	0.00	$ -	
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						$ -				$ -	$ -	$ -	$ -	$ -	0.00	$ -	

THE FOLLOWING SUBCONTRATORS PERFROMED WORK DURING THE CURRENT PAY APPLICATION PERIOD

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
CIP #	2
Vendor	3
Bid #	4
PO #	5
WO #	6

Form No. WO CPAAP-7.21.2023	
Appl #	7
Appl Date	8
For Per From	9
For Per To	10

		A	B	C	D = (A+B-C)	E	F	G	H	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 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)
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
					$ -

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. 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:
13. Input the Total Value of Stored Material from previous applications. If first application leave blank.
14. Input the total value of Stored Material that is being requested in the current application.
15. Input the total value of Stored Material that was installed in the current application
16. 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.
18. 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 _____
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) day of _____ (Month), 20 _____ (YY), by _____ (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 _____ (CONTRATOR) 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 _____

CONTRATOR:

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) day of _____ (Month), 20 _____ (YY), by _____ (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:
  - SUBCONTRATOR'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 o _____ ,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.

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 _____ (DD) day of _____ (Month), 20 _____ (YY), by _____ (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