

CITY OF NEW PORT RICHEY, FLORIDA
CONTRACTOR'S APPLICATION FOR PAYMENT

Gray Areas To Be Filled In By Contractor

Bid No. 23-003 Date 3/26/2024 Payment Number _____ Final #8 _____
 Application Period From 02/26/24 To 03/26/24
 Project Name 2020 Meadows Park Renovation
 Account Number _____
 Owner: City of New Port Richey Phone No. (727) 841-4536
 Engineer: Wannemacher Jensen, Chris Dunn Phone No. (727) 308-2247
 Contractor: SC Signature Construction Phone No. (727) 842-5163

Contract Data

Bids Received 3/3/2023
 Contract Start Date 7/10/2023
 Notice to Proceed: 7/10/2023
 Calendar Days for Completion 180
 Original Completion Date 1/6/2024
 Days Extension to Date 30
 New Completion date 2/5/2024
 Original Contract Amount \$ 1,491,100.00
 Adjustments to Date \$ 71,357.30
 Revised Contract Amount \$ 1,562,457.30
 Percentage Complete (\$) 99.22%
 Percentage Complete (Time) 123.81%
 Percentage Complete (Work) 100.00%

Change Orders

No. <u>1</u>	Date <u>1/24/2024</u>	Time <u>30</u>	Amount <u>\$82,950.00</u>
No. <u>2</u>	Date <u>3/28/2024</u>	Time _____	Amount <u>\$ (11,592.70)</u>
No. _____	Date _____	Time _____	Amount _____
No. _____	Date _____	Time _____	Amount _____
No. _____	Date _____	Time _____	Amount _____

Summary of Project Status

Total Work Completed	\$ <u>1,562,457.30</u>
Material Stored on Site	\$ _____
Total Earned to Date	\$ <u>1,562,457.30</u>
Less Retainage <u>0%</u>	_____
Balance	\$ <u>1,562,457.30</u>
Less Previous Payments	\$ <u>1,430,719.01</u>
Amount Due this Period	\$ <u>131,738.29</u>

CERTIFICATION OF CONTRACTOR

According to the best of knowledge and belief, I certify that this is a true and correct statement of work performed and materials delivered for the applications period stated above. I further certify that the Contractor has good title for all materials delivered under this Application for Payment, and there are no vendor liens, or other liens or rights to liens against this project, and that all previous payment requests received under this Contract have been applied to discharge in full all of the Contractor's obligations reflected in prior Applications for Payment, and that hourly wages paid to all employees on this project for the period of this Application are in accordance with the requirements of the Contract Documents.

Submitted for Payment:

SC Signature Construction
 (Contractor)
 By: [Signature]
 (Signature)
 Name: Joseph Matissek
 (Print or type)
 Date: 3/28/24

Recommended for Payment:

N/A
 (Design Professional)
 By: _____
 (Signature)
 Name: N/A
 (Print or type)
 Date: N/A

Recommended for Payment:

City of New Port Richey
 (Project Manager)
 By: [Signature]
 (Signature)
 Name: Jimmy Ynigues
 (Print or type)
 Date: 3/28/24

Approved for Payment:

City of New Port Richey
 (Owner)
 By: [Signature]
 (Signature)
 Name: Robert Rivera
 (Print or type)
 Date: 03/28/24