

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

Gray Areas To Be Filled In By Contractor

Bid No. 24-004 Date 8/20/2024 Payment Number 4 (Final)
 Application Period From July 8, 2024 To August 20, 2024
 Project Name Main Street Sidewalk Improvements
 Account Number _____
 Owner: City of New Port Richey Phone No. 727-841-4536
 Engineer: ECT - Robert Johnson Phone No. 813-549-4318
 Contractor: SC Signature Construction, Inc. Phone No. 727-842-5163

Contract Data

Bids Received 12/1/2023 No. 1 Date 5/7/2024 Time _____ Amount \$ 197,145.03
 Contract Start Date 3/29/2024 No. 1 Date 8/22/2024 Time _____ Amount \$ (25,426.00)
 Notice to Proceed: 3/29/2024 No. _____ Date _____ Time _____ Amount _____
 Calendar Days for Subst. Completion 180 No. _____ Date _____ Time _____ Amount _____
 Original Completion Date 10/5/2024 No. _____ Date _____ Time _____ Amount _____
 Days Extension to Date _____
 New Completion date _____

Change Orders

Summary of Project Status

Original Contract Amount	\$ <u>326,561.98</u>	Total Work Completed	\$ <u>498,281.01</u>
Adjustments to Date	\$ <u>197,145.03</u>	Material Stored on Site	\$ <u>-</u>
Revised Contract Amount	\$ <u>498,281.01</u>	Total Earned to Date	\$ <u>498,281.01</u>
Percentage Complete (\$)	<u>88.93%</u>	Less Retainage <u>0%</u>	\$ <u>-</u>
Percentage Complete (Time)	<u>75.79%</u>	Balance	\$ <u>498,281.01</u>
Percentage Complete (Work)	<u>152.58%</u>	Less Previous Payments	\$ <u>353,478.96</u>
		Amount Due this Period	\$ <u>144,802.05</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 Matassik
 (Print or type)
 Date: 8/23/24

Recommended for Payment:

 (Design Professional)
 By: Not Required
 (Signature)
 Name: _____
 (Print or type)
 Date: _____

Recommended for Payment:

 (Project Manager)
 By: [Signature]
 (Signature)
 Name: Derek Silver
 (Print or type)
 Date: 8/23/24

Approved for Payment:

[Signature]
 City of New Port Richey
 (Owner)
 By: [Signature]
 (Signature)
 Name: Robert M. Rivera
 (Print or type)
 Date: 08/23/2024