

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

Gray Area to be filled in by Contractor

Bid No. 17-006 Date 6/5/18 Payment Number 5-Final
 Application Period From March 1, 2018 To June 5, 2018
 Project Name 2015 Downtown Landscaping Improvement Project
 Account Number 301-0301-541-6322
 Owner: City of New Port Richey Phone No. 727-841-4568
 Engineer: Genesis Phone No. 813-620-4500 Ext 5279
 Contractor: Morelli Landscaping Inc. Phone No. _____

Contract Data

Change Orders

Bids Received	<u>3/31/17</u>	No. <u>1</u>	Date <u>6/5/18</u>	Time _____	Amount \$ <u>(1,106.80)</u>
Contract Start Date	<u>5/15/17</u>	No. _____	Date _____	Time _____	Amount _____
Notice to Proceed:	<u>5/15/17</u>	No. _____	Date _____	Time _____	Amount _____
Calendar Days for Completion	<u>120</u>	No. _____	Date _____	Time _____	Amount _____
Original Completion Date	<u>9/12/17</u>	No. _____	Date _____	Time _____	Amount _____
Days Extension to Date	<u>0</u>				
New Completion date	_____				

Summary of Project Status

Original Contract Amount	\$ <u>359,065.25</u>	Total Work Completed	\$ <u>357,958.45</u>
Adjustments to Date	\$ <u>(1,106.80)</u>	Material Stored on Site	\$ <u>-</u>
Revised Contract Amount	\$ <u>357,958.45</u>	Total Earned to Date	\$ <u>357,958.45</u>
Percentage Complete (\$)	<u>99.69%</u>	Less Retainage <u>0%</u>	\$ <u>-</u>
Percentage Complete (Time)	<u>321.67%</u>	Balance	\$ <u>357,958.45</u>
Percentage Complete (Work)	<u>99.69%</u>	Less Previous Payments	\$ <u>304,748.48</u>
		Amount Due this Period	\$ <u>53,209.97</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:

Morelli Landscaping Inc.
(Contractor)
 By:
(Signature)
 Name: Vincent J. Morelli, Jr., Pres.
(Print or type)
 Date: 6/7/2018

Recommended for Payment:

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

Recommended for Payment:

City of New Port Richey
(Inspector)
 By:
(Signature)
 Name: Adam Jessen
(Print or type)
 Date: 6/19/18

Approved for Payment:

City of New Port Richey
(Owner)
 By:
(Signature)
 Name: Robert M Rivera
(Print or type)
 Date: 6/19/2018