APPLICATION FOR PAYMENT

Project Contractor Remit to Address Application Period Application Date Application No.

1.	Original Contract Amount						
2.	Approved Change Order Amount Change Order Through						
	Original Completion Date Approved Time Extensions Revised Completion Date						
3.	Revised Contract Amount (Line 1 + Line 2)						
4.	Total Work Completed To Date (See attached Schedule of Values)						
	Percent Complete (Line 4/Line 3) #DIV/0!						
5.	Total Stored Materials (See Attached)						
6.	Total Earned To Date (Line 4 + Line 5)						
7.	Total Retainage Held (Line 6 x 5%) Less Total Previous Retainage Released Amounts						
7a.	Retainage Release Amount Requested This Application (if applicable)						
8.	Total Earned To Date Less Total Retainage Held (Line 6 - Line 7 + Line 7a)						
9.	Total Previously Paid To Date (Line 8 from prior application)						
10.	Amount Due This Application (Line 8 - Line 9)						
10a.	Amount to Enter in Unifier (Line 6 - Line 6 from prior pay application)						
11.	Balance to Finish (Line 3 - Line 8)						

CONTRACTOR'S Certification:

CONTRACTOR certifies that: (1) all previous progress payments received from OWNER on account of Work done under the Contract referred to above have been applied to discharge in full all obligations of CONTRACTOR incurred in connection with Work covered by prior Applications for Payment; (2) title to all Work, materials and equipment incorporated in said Work or otherwise listed in or covered by this Application for Payment will pass to OWNER at time of payment free and clear of all liens, claims, security interest and encumbrances (except such as are covered by Bond Acceptable to OWNER against any such lien, claim, security interest or encumbrance); and (3) all Work covered by this Application for Payment is in accordance with the Contract Documents and not defective as that term is defined in the Contract Documents.

Application For Payment Schedule Of Values - Lump Sum Contract

Project Contractor Period Application No.

		Total	Previou	us Completed to Date		Total	Balance	
Item	Description	Value	%	Value	This Period	%	Value	Value
	·							
Total Ori	iginal Contract		#DIV/0!			#DIV/0!		
Approved	Change Orders							
No.	Description							
T - 1 - 1 - C'								
lotal Ch	ange Orders		#DIV/0!			#DIV/0!		
Grand To	otal		#DIV/0!			#DIV/0!		

Application For Payment Schedule Of Values - Unit Price Contract

Project Contractor Period Application No.

	SCHE	DULE QU	JANTIT	Υ	T	OTAL QUANTITI	ES			TOTAL	%	BALANCE
ITEM		BID		UNIT	BID	PREVIOUSLY	THIS	TOTAL	TOTAL AMOUNT	AMOUNT		TO
NO.	DESCRIPTION OF ITEM	QUANT	UNIT	PRICE	VALUE	REPORTED	PERIOD	COMPLETED	DUE THIS PERIOD	DUE TO DATE		FINISH
1											#DIV/0!	
2											#DIV/0!	
3											#DIV/0!	
4											#DIV/0!	
5											#DIV/0!	
6											#DIV/0!	
7											#DIV/0!	
8											#DIV/0!	
9											#DIV/0!	
10											#DIV/0!	
11											#DIV/0!	
12											#DIV/0!	
13											#DIV/0!	
14											#DIV/0!	
Total	Original Contract				_						#DIV/0!	•

Approved Change Orders

NO.	Description									
									#DIV/0!	
									#DIV/0!	
									#DIV/0!	
									#DIV/0!	
									#DIV/0!	
Total Change Orders #DIV/0!										

TOTAL CONTRACT					#DIV/0!	

Application For Payment Stored Materials

Project 0
Contractor 0
Period 0
Application No. 0

					Insta	alled	Stored	Invoice **
Item No.*	Vendor	Invoice No.	Material	Original Value	Value	%	Value	Submitted
								+
								+
								+
Totals				\$0.00	\$0.00		\$0.00	

^{*}Should match line item on Application For Payment Schedule of Values

^{**}Represents the Application For Payment number when first submitted

DIVERSITY PROCUREMENT STATEMENT

Contractor, subcontractors, and suppliers are encouraged to provide for the participation of small, women, minority, and veteran owned businesses (SWaM) in this contract.

	Project	U		
	Contractor	0		
	Application No.	0		
1	For this month, list the to	otal value of work in place.		_
2	Is Contractor			
	a. Small business?		YES	NO
	b. Women-owned bus	iness?	YES	NO
	c. Minority-owned bus	iness?	YES	NO
	d. Service disabled ve	teran-owned business?	YES	NO
3	If Contractor is SWaM, I	st the total value of work (this invoice) invoiced by Contractor.		

4 List all SWaM subcontractors, amounts due them on this invoice, and what type business they are.

Out a contract on	A management along	Small	Women	Minority	Veteran
Subcontractor	Amount due	Business	Owned	Owned	Owned

DIVERSITY PROCUREMENT STATEMENT

Contractor, Suppliers, and Subcontractors are encouraged to provide the participation of small, women-owned, and minority-owned (SWaM) businesses, service-disabled veteran-owned businesses (SDVOB), or disadvantaged business enterprises (DBE) in this Agreement.

Project	0			
Contractor	0			
Application No.	0			
1 For this month (this i	nvoice), list the total value of Work in place.			
2 Is Contractor				
a. Small business?		YES	NO	
b. Women-owned	business?	YES	NO	
c. Minority-owned	business?	YES	NO	
d. Service disabled	d veteran-owned business?	YES	NO	
e. Disadvantaged I	business enterprise?	YES	NO	
3 If Contractor is SWa	M, list the total value of work (this invoice) invoiced by Contractor	r		-

4 List all SWaM, SDVOB, and DBE Suppliers and/or Subcontractors, amounts due them on this invoice, and what type of business they are.

		Small	Women	Minority	Veteran	Disadvantaged
Subcontractor	Amount due	Business	Owned	Owned	Owned	Business

HRSD CONTRACTOR PROGRESS REPORT

Project 0 Contractor 0 Period 1/0/1900 Application No. 1/0/1900

Work Completed by Contractor:

Upcoming Activities: