|  |  |
| --- | --- |
| CONTRACTOR: |       |
| ADDRESS: |       |
| PHONE NO: | (   )    -     | FEDERAL. ID NO.:  |   -      |
| CONTRACT DATE: |       | APPLICATION NO.: |       |
| UCSD CONTRACT NO: |       | APPLICATION DATE: |       |
| PLANT ACCOUNT NO: |       | PERIOD TO: |       |
| UCSD PROJ. NO.: |       |  |
| PROJECT NAME: |       |
| **\*Contractor name, Federal ID No. and Address should match the most recent W-9 on file with UCSD and will be reflected on check and where payment is mailed. \*Contract Date is from the Notice to Proceed.**  |
| CERTIFICATE OF PAYMENTIn accordance with the Contract Documents, based upon Project site checks and the data comprising the above-referenced Application for Payment, the Owner’s Representative certifies to the Owner that, to the best knowledge, information, and belief of the Owner’s Representative, the Work has progressed as indicated in the Application For Payment, the quality of the Work is in accordance with the Contract Documents, and the Contractor is entitled to payment of the AMOUNT CERTIFIED. |
| AMOUNT REQUESTED ON APPLICATION FOR PAYMENT  |       |
| CURRENT RETENTION % |     | % |
| UNIVERSITY HELD RETENTION (5c)  |       |
| TO BE DEPOSITED INTO ESCROW (5a or 5b)  |       |
| AMOUNT CERTIFIED (balance due is auto calculated) | $ 0.00 |
|     | **% PERCENTAGE OF WORK COMPLETED IN CALIFORNIA** (needed for tax purposes, typically 100%) |
| Approvals: |  |  |  |
| \* CONTRACTOR’S AUTHORIZED  REPRESENTATIVE (if applicable): |       |  | DATE: |       |
| For CPM use only:UCSD PROJECT MANAGER: |  |  | DATE: |  |
| UCSD PROJECT INSPECTOR: |  |  | DATE: |  |
| UCSD FISCAL MANAGEMENT: |  |  | DATE: |  |
| This Certificate is not negotiable. The AMOUNT CERTIFIED is payable only to the Contractor named herein. Issuance, payment, and acceptance of payment are without prejudice to any rights of the Owner under the Contract. |

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| **APPLICATION FOR PAYMENT** |
| Application Number: |   | Period to: |   |  |
| TO UNIVERSITY: THE REGENTS OF THE UNIVERSITY OF CALIFORNIA |
| AND UNIVERSITY’S REPRESENTATIVE: |       |
| FROM CONTRACTOR: |   |
| ADDRESS: |   |
| PROJECT NAME: |   |
| UCSD PROJECT #: |   |
| FACILITY: | UNIVERSITY OF CALIFORNIA, SAN DIEGO |
| CONTRACT DATE: |   |
| APPLICATION DATE: |   |
| CHANGE ORDER SUMMARY – If attaching additional page, list total. |
|  |  | Additions |  | Deductions |
| Change Orders approved in previous months. | Total: |       |  |       |
| Fully executed Change Orders approved this month: |  |  |  |  |
| Number: |  | Date Approved: |  | Additions |  | Deductions |
|       |  |       |  |       |  |       |
|       |  |       |  |       |  |       |
|       |  |       |  |       |  |       |
|       |  |       |  |       |  |       |
|       |  |       |  |       |  |       |
|  |  | Current Month’s Total: | $0.00 |  | $0.00 |
| Application is made for payment under the Contract as shown below and in Schedule 1 attached hereto: |

|  |  |
| --- | --- |
| 1. ORIGINAL CONTRACT SUM (Refer to Notice to Proceed)
 |       |
| 1. NET CHANGE BY CHANGE ORDERS
 |       |
| 1. CONTRACT SUM TO DATE (auto-calculated, Line 1 + Line 2)
 | $ 0.00 |
| 1. TOTAL AMOUNT COMPLETED TO DATE (Column E on Schedule 1)
 |       |
| 1. RETENTION OF COMPLETED WORK TO DATE (Column H on Schedule 1)
 |       |
| 1. This Pay App Value of Securities To Be Deposited in Escrow
 |       |  |
| 1. This Pay App Value of Retention Deposited in Escrow
 |       |  |
| 1. This Pay App Value of Retention Held by University
 |       |  |
| Current Retention Value (a + b + c) | $ 0.00 |  |
| 1. TOTAL EARNED TO DATE LESS RETENTION (auto-calculated, Line 4 less Line 5)
 | $ 0.00 |
| 1. TOTAL AMOUNT PREVIOUSLY PAID (Line 6 of previous pay app)
 |       |
| 1. CURRENT PAYMENT DUE (auto-calculated, Line 6 less Line 7)
 | $ 0.00 |
| 1. BALANCE TO FINISH, PLUS RETENTION (auto-calculated, Line 3 less Line 6)
 | $ 0.00 |
| \*Pursuant to Article 9.2.2 of the General Conditions. |
|  The undersigned Contractor hereby represents and warrants to University that all Work, for which Certificates For Payment have previously been issued and payment received from University, is free and clear of all claims, stop notices, security interests, and encumbrances in favor of Contractor, any Subcontractor, and any other persons or firms entitled to make claims by reason of having provided labor, materials, or equipment related to the Work. |
| The following Schedules are attached and incorporated herein, and made a part of this Application For Payment: |
| Schedule 1 |  | Cost Breakdown Schedule |
| Schedule 2 |  | Certification of Current Market Value of Securities in Escrow in Lieu of Retention |
| Schedule 3 |  | List of Subcontractors (if required) |
| Schedule 4 |  | Declaration of Releases of Claims (if required) |
|  |   |
|  | (Contractor) |
| By: |       |
|  | (Name) |
|  |       |
|  | (Title) |
| Please complete entire 7-page form before e-signing the declaration below. |
| I, |   | , hereby declare that I am the |   | of the Contractor submitting this Application |
| For Payment; that I am duly authorized to execute and deliver this Application For Payment on behalf of Contractor; and that all information set forth in this Application For Payment and all Schedules attached hereto are true, accurate, and complete as of its date.I declare, under penalty of perjury, that the foregoing is true and correct and that this declaration was subscribed at |
|       | , |       | , State of  |       | on  |       |
| (Street Address) |  | (City) |  |  |  |  |
|  |  |
|  | (Signature – after converted to PDF) |
|  |   |
|  | (Print Name) |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| PROJECT NAME: |   |  | APPLICATION DATE: |   |
| APPLICATION NUMBER: |   |  | PERIOD TO: |   |
| PROJECT NUMBER: |   |  | CONTRACTOR: |   |
| FACILITY: | UNIVERSITY OF CALIFORNIA, SAN DIEGO |  | CONTRACT DATE: |   |
| SCHEDULE 1TOAPPLICATION FOR PAYMENT |
| COST BREAKDOWN**Enter the total on this page below. Attach supporting documentation to verify calculations.** |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| A | B | C | D | E | F | G | H |
| ITEM NO. | DESCRIPTION OF WORK ACTIVITY OR OTHER ITEM AND APPROVED CHANGE ORDERS | SCHEDULED VALUE | % COMPL. | TOTAL AMOUNT COMPLETED TO DATE(C x D) | TOTAL AMOUNT COMPLETED ON PRIOR APP FOR PAYMENT | AMOUNT OF THIS APPLICATION(E – F auto-calculated) | RETENTION(5% unless otherwise approved) |
|    |       |       |       |       |       | $ 0.00 |       |
|    |       |       |       |       |       | $ 0.00 |       |
|    |       |       |       |       |       | $ 0.00  |       |
|    |       |       |       |       |       | $ 0.00 |       |
|    |       |       |       |       |       | $ 0.00 |       |
|    |       |       |       |       |       | $ 0.00 |       |
|    |       |       |       |       |       | $ 0.00 |       |
|    |       |       |       |       |       | $ 0.00 |       |
|    |       |       |       |       |       | $ 0.00 |       |
|    |       |       |       |       |       | $ 0.00 |       |
|    |       |       |       |       |       | $ 0.00 |       |
|    |       |       |       |       |       | $ 0.00 |       |
|  | TOTAL (auto-calculated): | $ 0.00 |  | $ 0.00 | $ 0.00 | $ 0.00 | $ 0.00 |

|  |  |
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| PROJECT NAME: |   |
| CONTRACTOR: |   |
| UCSD PROJECT #: |   |
| APPLICATION #: |   |
| SCHEDULE 2TOAPPLICATION FOR PAYMENT |
| CERTIFICATION OF CURRENT MARKET VALUEOF SECURITIES IN ESCROW IN LIEU OF RETENTION (if applicable) |
| As of  |       | , | (not earlier than 5 days prior to the date of the Application For Payment of  |
| Which this certification is a part), the aggregate market value of securities on deposit in Escrow |
| Account No. |       | with |       |
|  |  |  | (Escrow Agent) |
| Is |       | Dollars ( |       | ). |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |   |  |  |   |
|  | (Escrow Agent) |  |  | (Contractor) |
| By: |       |  | By: |   |
|  | (Name) |  |  | (Name) |
|  |       |  |  |   |
|  | (Title) |  |  | (Title) |
| Date: |       |  | Date: |       |
| NOTE: Notary acknowledgement for Contractor and Escrow Agent must be attached. |

|  |  |
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| PROJECT NAME: |   |
| CONTRACTOR: |   |
| UCSD PROJECT #: |   |
| APPLICATION #: |   |
| SCHEDULE 3TOAPPLICATION FOR PAYMENT |
| LIST OF SUBCONTRACTORS |
|  Subcontractors listed below are all Subcontractors furnishing labor, services, or materials for the period referred to in the Application For Payment referenced above, of which this Schedule 3 is a part:(attach additional pages if needed) |
| Name of Subcontractor | Subcontracted Work Activity | Date Work Activity Completed |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
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|       |       |       |
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| --- | --- | --- | --- | --- |
|  |  |  |  |   |
|  |  |  |  | (Contractor) |
|  |  |  | By: |   |
|  |  |  |  | (Name) |
|  |  |  |  |   |
|  |  |  |  | (Title) |
|  |  |  | Date: |       |

|  |  |
| --- | --- |
| PROJECT NAME: |   |
| CONTRACTOR: |   |
| UCSD PROJECT #: |   |
| APPLICATION #: |   |
| SCHEDULE 4TOAPPLICATION FOR PAYMENT |
| DECLARATION OF RELEASE OF CLAIMS |
| Contractor hereby certifies that attached hereto are releases and waivers of claims and stop notices from all Subcontractors |
| furnishing labor, services, or materials covered by the Certificate For Payment dated  |       | , except those  |
| listed below: |
|       |
|       |
|       |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |   |
|  |  |  |  | (Contractor) |
|  |  |  | By: |   |
|  |  |  |  | (Name) |
|  |  |  |  |   |
|  |  |  |  | (Title) |
|  |  |  | Date: |       |