Minor Project **Certificate of Contract Progress & Payments**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date:** | Click here to enter a date. | **Payment No:** |  |
| **For Period Ending:** |  | **Bid No:** |  |
| **Project No:** |  | **PO No:** |  |
| **Project Name:** |  | | |
| **Contractor:** |  | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Contract Sum** |  |  | **Contracts Time** | **Calendar Days** |
| Original Contract Sum: | $ 000,000.00 |  | Original Contract Time: | 000 |
| Change Order to Date: | $ 000,000.00 |  | Authorized Extension: | 000 |
| Adjusted Contract Sum: | **$ 000,000.00** |  | Time Lapsed to Date: | **000** |

**TYPE OF PAYMENT & PROGRESS OF WORK:**

|  |  |
| --- | --- |
|  | **Partial / Progress & Payment:** **000 %** (95% complete when certificate of occupancy or completion is issued) |
|  | **Final Completion & Payment:** with a **Release of Lien** from **all subcontractors and suppliers**. |

**CERTIFICATE OF THE CONTRACTOR:** I certify that the progress of work, and all items and amounts shown on the face of this Certificate are correct, that all work under the above named contract and all addenda thereto has been satisfactorily completed; **that, within seven (7) working days after receipt of payment, whether partial or full, for the performance of this contract**, **all subcontractors and suppliers will be paid their prorated portion**, **in accordance with Section 287.0585, Florida Statutes**. I, further, certify that no liens are attached against the project; that no suits are pending by reason of work on the project under the contract; and that no public liability claims are pending, except as follows:

|  |
| --- |
|  |

I, further, certify that I am in compliance with Section 287.057(7), Florida Statutes, and offer as proof the attachment entitled "Certified Business Enterprises - Utilization Form", **only where applicable**.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **By:** | Contractor: **Firm Name** | | | | |
|  | Name  Title |  |  |  |  |
|  | (Name/Title) |  | (Signature) |  | (Date) |

**STATE OF FLORIDA, COUNTY OF**  **Hillsborough**

Personally appeared before me this \_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_ of \_\_\_\_\_\_, known (or made known) to me to be the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Title) of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Company Name) who subscribed and swore to the above instrument in my presence.

|  |  |  |
| --- | --- | --- |
|  | Notary Public: |  |
|  | (Type Name): |  |
| (Seal/Stamp) | My Commission Expires: |  |

**CERTIFICATE OF THE ARCHITECT/ENGINEER:** certify that I have checked and verified this Certificate, that to the best of my knowledge and belief it is a true statement of the progress of work, the value of the work performed, and materials included in this Certificate has been inspected by me or my authorized assistant(s); and that all work has been performed and materials supplied in full compliance with the terms of the contract.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **By:** | A/E: **Firm Name** | | | | |
|  | Name  Title |  |  |  |  |
|  | (Name/Title) |  | (Signature) |  | (Date) |

**UNIVERSITY APPROVAL:** (if other than above)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **By:** | Name  University Project Manager |  |  |  |  |
|  | (Name/Title) |  | (Signature) |  | (Date) |

File: MPG-Exhibit E-Certificate of Contract Progress+Payments.docx