



Florida Department of Agriculture and Consumer Services
Bureau of General Services

AGREEMENT BETWEEN DEPARTMENT AND CONTRACTOR

NICOLE "NIKKI" FRIED
COMMISSIONER

STATE PROJECT NO.: _____
STATE MINORITY VENDOR DESIGNATION

FDACS PROJECT NAME AND LOCATION:

THIS AGREEMENT is effective upon the established date of commencement in the Notice to Proceed (FDACS-01506) and is

BY AND BETWEEN

the Florida Department of Agriculture and Consumer Services hereinafter called the Department, and

_____ hereinafter
called the Contractor.

The Department and the Contractor agree as set forth below.

ARTICLE 1. THE CONTRACT DOCUMENTS - The Contract Documents consists of this Agreement, the Contractor's proposal, all terms, conditions, and specifications of the Invitation to Bid, Drawings, and all Addenda issued prior to execution of this Agreement. These form the Contract, and all are as fully a part of the Contract as if attached to this Agreement or repeated herein. An enumeration of the drawings, specifications and addenda is as follows:

IN WITNESS WHEREOF, the parties hereto have executed this Agreement as stated above.

CONTRACTOR

APPROVED:
By: _____
Authorized Signature

AS WITNESSED:
By: _____
Witness

DRAWINGS: _____

SPECIFICATIONS: _____

ADDENDA: _____

In the event of a conflict in the provisions of said Contract Documents, or any of them that are not an allowed and intentional modification or Change Order, the provisions of the Invitation to Bid shall control.

ARTICLE 2. THE WORK - The Contractor shall perform all the work required by the Contract Documents for items as specified in the

ARTICLE 3. CONTRACT SUM - The Department shall pay the Contractor for the performance of the work, subject to additions and deductions by Change Order as provided in the Conditions of the Invitation to Bid, in current funds, the

Contract Sum of _____

FLORIDA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES

APPROVED:
By: _____
Director of Administration

AS WITNESSED:
By: _____
Witness

APPROVED AS TO FORM AND LEGALITY:
By: _____
Office of the General Counsel



Florida Department of Agriculture and Consumer Services
 Division of Administration
 Bureau of General Services

NICOLE "NIKKI" FRIED
 COMMISSIONER

CHANGE ORDER REQUEST

From:
(Contractor)

To: *(Project Manager)*
 Florida Department of Agriculture and Consumer Services
 Division of Administration
 Bureau of General Services
 407 South Calhoun Street
 Tallahassee, Florida 32399

Date From:	MM/DD/YYYY
Date To:	MM/DD/YYYY
Change Order No:	000
FDACS Contract or PO No:	00000
FDACS Complete Project Name:	

The Contract is changed as follows:

DESCRIPTION OF CHANGE (Attach additional pages if required)	Decrease	Increase
Subtotal	\$ -	\$ -
Total Net Add/(Deduct)		

Contract Time				Contract Amounts	
	Days	SUBSTANTIAL COMPLETION	FINAL COMPLETION		
Original Contract Period				Original Contract Sum	\$ -
Contract Period Prior To This CO				Net Change By Previous Approved CO	
Change Requested Add/(Deduct)				Contract Sum Prior To This CO	\$ -
New Contract Period Including This CO				This CO Add/(Deduct)	\$ -
				New Contract Sum Including This CO	\$ -

This Change Order Request will become an Amendment to the Contract Agreement between Contractor and the Owner, and all contract provisions shall apply unless specifically exempted. The amount and time change designated are the maximum agreed to by both the Owner and the Contractor for this change. In consideration of the foregoing adjustments in contract time and contract sum, the Contractor hereby releases Owner from all claims, demands or causes of action arising out of the transactions, events and occurrences giving rise to this Change Order. Except as provided by this Change Order, the contract remains in full force and effect.

CONTRACTOR	FLORIDA DEPARTMENT OF AGRICULTURE & CONSUMER SERVICES
<i>Signature</i>	<i>Signature</i>
<i>Print Name</i>	<i>Project Manager</i>
<i>Date</i>	<i>Date</i>



Florida Department of Agriculture and Consumer Services
 Division of Administration
 Bureau of General Services

NICOLE "NIKKI" FRIED
 COMMISSIONER

CERTIFICATE OF CONTRACT COMPLETION

From:

(Architect/Engineer)

To: *(Division Contract Manager)*

Florida Department of Agriculture and Consumer Services
 Division of Administration
 Bureau of General Services
 407 South Calhoun Street
 Tallahassee, Florida 32399

FDACS Contract or PO No:
FDACS Complete Project Name:
Final Contract or PO Total Amount INCLUDING Total Liquidated Damages Below:
Date of Final Completion:

TO BE COMPLETED BY ARCHITECT/ENGINEER THROUGH FINAL COMPLETION DATE	DATE	DAYS	LIQUIDATED DAMAGES
1. Amount of Liquidated Damages at Substantial Completion date			
2. Time Specified in Original Contract between Substantial Completion & Final Completion			<i>Enter Number Only For Damages Per Day</i>
3. Time Extension Granted by Change Orders			
4. Total Days Allowed Between Substantial & Final Completion <small>(Add Lines 2 and 3)</small>		0.00	
5. Contract Complete date & actual days between Substantial and Final Completion			
6. Final Completion Overrun <small>(Subtract Line 4 from 5 and Enter Overrun. If line 5 less than line 4, enter 0.)</small>		0.00	\$ -
Total Liquidated Damages (Substantial + Final Completion)			\$ -

CONTRACTOR'S AFFIDAVIT	ARCHITECT- ENGINEER CERTIFICATE	DEPARTMENT'S CERTIFICATE
I solemnly swear (or affirm): That the work under the above named contract and all amendments thereto have been satisfactorily completed; that all amounts payable for materials, labor and other charges attributable to the project have been paid; that no liens have been attached against the project; that no suits are pending by reason of work on the project under the contract; that all Workman's Compensation claims are covered by Workman's Compensation Insurance as required by law; and that all public liability claims are covered by insurance.	I CERTIFY that the work under the above contract has been satisfactorily completed on the date set forth in accordance with the terms of the contract.	I CERTIFY that the work on the above named project has been satisfactorily completed under the terms of the contract.
Signature	Signature	Signature
Title	Title	Title
Date	Date	Date
Print Name	Print Name	Print Name

STATE OF: _____
 COUNTY OF: _____

The foregoing instrument was acknowledged before me this _____ day of _____ by _____

(name & title of officer/agent)

who is personally known to me or has produced _____ as identification.

(Notary signature)

(Notary name or stamp)



Florida Department of Agriculture and Consumer Services
 Division of Administration
 Bureau of General Services

NICOLE "NIKKI" FRIED
 COMMISSIONER

CERTIFICATE OF SUBSTANTIAL COMPLETION

From:

(Architect/Engineer)

To:

(Division Contract Manager)

Florida Department of Agriculture and Consumer Services
 Division of Administration
 Bureau of General Services
 407 South Calhoun Street
 Tallahassee, Florida 32399

FDACS Contract or PO No:
FDACS Complete Project Name:
Certificate of Occupancy Date: <small>(OR COMPLETION CERTIF. DATE)</small>
Date of Substantial Completion:

The work performed under this Contract has been reviewed and found to be substantially complete. The Date of Substantial Completion of the project or portion thereof designated below is hereby established as entered above.

THE PROJECT OR DESIGNATED PORTION SHALL INCLUDE:

Below (or attached hereto) is a list of items to be completed or corrected by the Contractor. The omission of items on such list does not alter the responsibility of the Contractor to complete all work in accordance with the Contract Documents.

TO BE COMPLETED BY ARCHITECT/ENGINEER THROUGH SUBSTANTIAL COMPLETION DATE	DATE	DAYS	LIQUIDATED DAMAGES
1. Notice to Proceed (N.T.P)			<i>Insert Number Only for Damages Per Day</i>
2. Time Specified in Original Contract for Substantial Completion			
3. Time Extension Granted by Change Orders			
4. Total Days Allowed to Substantial completion (Add Lines 2 and 3)		0.00	
5. Substantial Completion date & actual days from N.T.P. through Substantial Completion date		0.00	
6. Substantial Completion Date Overrun <small>(Subtract Line 4 from 5 and Enter Overrun. If line 5 less than line 4, enter 0.)</small>		0.00	\$ -

ARCHITECT- ENGINEER	CONTRACTOR	OWNER
The work under this contract as stated above is Substantially Complete on the Date set above in accordance with the terms of the contract.	The work under this contract as stated above is Substantially Complete on the Date set above in accordance with the terms of the contract. The Contractor will complete or correct the work on the list of items above (or attached hereto) within the time prescribed in the contract from the above Date of Substantial Completion.	The Owner acknowledges the work or designated portion thereof as substantially complete on the date indicated above..
N/A - No consultant on this project	<i>Signature</i>	<i>Signature</i>
<i>Title</i>	<i>Title</i>	<i>Title</i>
<i>Date</i>	<i>Date</i>	<i>Date</i>
<i>Print Name</i>	<i>Print Name</i>	<i>Print Name</i>



Florida Department of Agriculture and Consumer Services
Division of Administration
Bureau of General Services

NICOLE 'NIKKI' FRIED
COMMISSIONER

CONTRACTOR'S REQUEST FOR PAYMENT

From:
(Contractor)

To: *(Division Contract Manager)*
Florida Department of Agriculture and Consumer Services
Division of Administration
Bureau of General Services
407 South Calhoun Street
Tallahassee, Florida 32399

Date From:
Date To:
Pay Request No:
FDACS Contract or PO No:
FDACS Complete Project Name:

CHANGE ORDER SUMMARY			
Change Order totals previously approved by Owner		ADDITIONS	DEDUCTIONS
Total Approved this Request			
Number	Date Approved		
CURRENT TOTALS		\$ -	\$ -
Net change by Change Orders		--	

CONTRACT AMOUNT SUMMARY	
1. Original Contract Sum	
2. Net Change by Change Orders	\$ -
3. CONTRACT SUM TO DATE (line 1 ± 2).....	\$ -
4. Total Completed & Stored to Date (EARNED).....	\$ -
<small>(column G on continuation sheet)</small>	
PERCENT COMPLETE _____	
5. Retainage:	
a. 10% WORK COMPLETED	\$ -
b. 10% STORED MATERIALS	\$ -
Total Retainage	\$ -
<small>(line 5a + 5b or total in column I on continuation sheet)</small>	
6. Total Earned Less Retainage	\$ -
<small>(line 4 less line 5)</small>	
7. Less Previous Billings	
<small>(line 6 from prior certificate)</small>	
8. CURRENT PAYMENT DUE	\$ -
9. Balance To Complete Including Retainage	\$ -
<small>(line 3 less line 6)</small>	

CONTRACT TIME SUMMARY	
Base Contract Calendar Days:	_____
Adjusted Days by Change Order:	_____
Revised Contract Days:	_____
Elapsed Days to Date:	_____
Net Days Remaining:	_____
Estimated Days Ahead (+) or Behind (-):	_____

CERTIFICATION BY THE CONTRACTOR: I certify that all items and amounts on this Application are correct, that all work has been performed and material supplied in full accordance with the terms and conditions of the Contract, and that all materialmen, laborers and subcontractors, as defined in Chapter 713.01, Florida Statutes, have been paid the amounts due them out of any previous payments made to the contractor by the Owner. Further, I agree to promptly pay each materialmen, laborer and subcontractor, as defined in Chapter 713.01, Florida Statutes, upon receipt of payment from the Owner, out of the amount paid to me on, account of such materialman's laborer's or subcontractor's work, the amount to which said materialman, laborer and subcontractor is entitled, reflecting the percentage actually retained, if any, from payments to myself on account of such materialman's, laborer's and subcontractor's work.

CONTRACTOR

(Signature)

(Title, company name, date)

ARCHITECT- ENGINEER CERTIFICATE FOR PAYMENT	APPROVED
I certify that I have investigated and verified this Progress Payment Application; that to the best of my knowledge and belief, the above application is a true statement of the value of the work performed and the materials suitable stored on the site; that all work and materials included in this Certificate have been observed by me or by my authorized assistants; that all work has been performed and material supplied in full accordance with the terms of this Contract; and I approve for payment the amount noted above.	I certify, by evidence of signature below, that I am the Contract Manager and the provided information is true and correct; the goods and services have been satisfactorily received and payment is now due. I understand that the office of the State Chief Financial Officer reserves the right to require additional documentation and/or to conduct periodic post-audits of any agreements.
<i>Signature of Architect/Engineer</i> _____ <i>Date</i> _____	<i>Signature of Division Contract Manager</i> _____ <i>Date</i> _____
<i>Print Architect/Engineer Name</i>	<i>(Print Division Contract Manager Name)</i>