PAYMENT CERTIFICATE

Along with each request for progress payments and the required estimates, the Contractor shall furnish the following certification:

I hereby certify, to the best of my knowledge and belief, that:

1. The amount requested is only for performance in accordance with the specification, terms and conditions of the Contract.

2. Payments to subcontractors and suppliers have been made from previous payments under the Contract and timely payments will be made from the proceeds of the payment-covered by this certification in accordance with subcontract agreements.

3. This request for progress payments does not include any amounts, which the prime contractor intends to withhold or retain from a subcontractor or supplier in accordance with the terms and conditions of the subcontract.

Company Name: ____________________________________________

Name: ______________________________________________________

Title: _______________________________________________________

Date: _______________________________________________________ 

Signature: ___________________________________________________

Contract #: _________________________________________________

Location: ___________________________________________________
### Certification of the Contractor or Duly Authorized Representative

According to the best of my knowledge and belief, I certify that all items and amounts shown on the other side of this form are correct; that all work has been performed and material supplied in full accordance with the items and conditions of the contract between the (name of owner) and (contractor)
dated (mm/dd/yyyy) __________________________ and duly authorized deviations, substitutions, alterations, and additions; that the following is a true and correct statement of the Contract Account up to and including the last day of the period covered by this estimate, and that no part of the "Balance Due This Payment" has been received.

1. Original Contract Amount $ __________

**Approved Change Orders:**

2. Additions (Total from Col. 3, form HUD-81002) $ __________
3. Deductions (Total from Col. 5, form HUD-81002) $ (net) __________
4. Current Adjusted Contract Amount (line 1 plus or minus net) $ __________

**Computation of Balance Due this Payment:**

5. Value of Original Contract work completed to date (from other side of this form) $ __________

**Completed Under Approved Change Orders:**

6. Additions (from Col. 4, form HUD-81002) $ __________
7. Deductions (from Col. 6, form HUD-81002) $ (net) __________
8. Total Value of Work in Place (line 5 plus or minus net line 7) $ __________
9. Less: Retainage, ________ % $ __________
10. Net amount earned to date (line 8 less line 9) $ __________
11. Less: Previously earned (line 10, last Periodic Estimate) $ __________
12. Net amount due, work in place (line 10 less line 11) $ __________

**Value of Materials Properly Stored**

13. At close of this period (from form HUD-51004) $ __________
14. Less: Allowed last period $ __________
15. Increase (decrease) from amount allowed last period $ __________

16. Balance Due This Payment $ __________

I further certify that all just and lawful bills against the undersigned and his/her subcontractors for labor, material, and equipment employed in the performance of this contract have been paid in full in accordance with the terms and conditions of this contract, and that the undersigned and his/her subcontractors have complied with, or that there is an honest dispute with respect to, the labor provisions of this contract.

<table>
<thead>
<tr>
<th>Name of Contractor</th>
<th>Signature of Authorized Representative</th>
<th>Title</th>
<th>Date (mm/dd/yyyy)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Certificate of Authorized Project Representative and of Contracting Officer**

Each of us certifies that he/she has checked and verified this Periodic Estimate No. __________ that to the best of his/her knowledge and belief it is a true statement of the value of work performed and material supplied by the contractor; that all work and material included in this estimate has been inspected by him/her or by his/her authorized assistants; and that such work has been performed or supplied in full accordance with the drawings and specifications, the terms and conditions of the contract, and duly authorized deviations, substitutions, alterations, and additions, all of which have been duly approved.

We, therefore, approve as the "Balance Due this Payment" the amount of $ __________

<table>
<thead>
<tr>
<th>Authorized Project Representative</th>
<th>Date (mm/dd/yyyy)</th>
<th>Contracting Officer</th>
<th>Date (mm/dd/yyyy)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Warning:** HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (16 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Previous editions are obsolete

ref. Handbooks 7417.1 & 7450.1 form HUD-51001 (1/2014)
Periodic Estimate for Partial Payment

Submit original or copy to the Public Housing Agency.
Complete instructions are on the back of this form.

Public reporting burden for this collection of information is estimated to average 3.5 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number.

This information is collected under the authority of Section 6(c) of the U.S. Housing Act of 1937 and HUD regulations. HA's are responsible for contract administration to ensure that the work for project development is done in accordance with State laws and HUD requirements. The contractor/subcontractor reports provide details and summaries on payments, change orders, and schedule of materials stored for the project. The information will be used to ensure that the total development costs, identified in the ACC, are kept as low as possible and consistent with HUD construction requirements. Responses to the collection are necessary to obtain a benefit. The information requested does not lend itself to confidentiality.

<table>
<thead>
<tr>
<th>Name of Public Housing Agency</th>
<th>Periodic Estimate Number</th>
<th>Period (mm/dd/yyyy) To (mm/dd/yyyy)</th>
<th>Project Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Location of Project</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name of Contractor</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Item Number</td>
<td>Description of Item</td>
<td>Completed to Date</td>
<td>$</td>
</tr>
</tbody>
</table>

Value of Contract Work Completed to Date (Transfer this total to line 5 on back of this sheet) $
Schedule of Amounts for Contract Payments

No progress payments shall be made to the contractor unless a schedule of amounts for contract payments in accordance with the construction contract is received.

Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number.

Construction practices and HUD administrative requirements establish the need that HAS maintain certain records or submit certain documents in conjunction with the oversight of the award of construction contracts for the construction of new low-income housing developments or modernization of existing developments. These forms are used by HAS to provide information on the construction progress schedule and schedule of amounts for contract payments. Responses to the collection of information are required to obtain a benefit or to retain a benefit. The information requested does not lend itself to confidentiality.

<table>
<thead>
<tr>
<th>Project Name and Location</th>
<th>Project Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name, Address, and Zip Code of Contractor</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Nature of Contract</th>
<th>Contract Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Approved for Contractor by</td>
<td>Date (mm/dd/yyyy)</td>
</tr>
<tr>
<td>Approved for Architect by</td>
<td>Date (mm/dd/yyyy)</td>
</tr>
<tr>
<td>Approved for Owner by</td>
<td>Date (mm/dd/yyyy)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Item No.</th>
<th>Description of Item</th>
<th>Quantity</th>
<th>Unit of Measure</th>
<th>Unit Price in Place</th>
<th>Amount of Sub-Item</th>
<th>Amount of Principal Item</th>
</tr>
</thead>
</table>

| Total Amount of Contract or Carried Forward | $ |

To the best of my knowledge, all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate. Warnings: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (16 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Signature of authorized representative | Date signed (mm/dd/yyyy)

Previous editions are obsolete
Schedule of Change Orders

Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number.

This information is collected under the authority of Section 6(c) of the U.S. Housing Act of 1937 and HUD regulations. HAs are responsible for contract administration to ensure that the work for project development is done in accordance with State laws and HUD requirements. The contractor/subcontractor reports provide details and summaries on payments, change orders, and schedule of materials stored for the project. The information will be used to ensure that the total development costs, identified in the ACC, are kept as low as possible and consistent with HUD construction requirements. Responses to the collection are necessary to obtain a benefit. The information requested does not lend itself to confidentiality.

Instructions: Contractors use this form for reporting the details of approved Change Orders. Attach an original (or a copy) to each copy of the Periodic Estimate for Partial Payment (form HUD-51001) submission, and send to the Public Housing Agency. Complete all entries. Only Change Orders which bear the signatures required by the contract are to be recorded.

<table>
<thead>
<tr>
<th>Name of Public Housing Agency</th>
<th>Supporting Periodic Estimate for Partial Payment Number</th>
<th>Period From (mm/dd/yyyy) to (mm/dd/yyyy)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Location of Project</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name of Contractor</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Approved Change Orders</th>
<th>Additions</th>
<th>Deductions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Change Order Number (1)</td>
<td>Date (mm/dd/yyyy) (2)</td>
<td>Total Amount of Change Order (3)</td>
</tr>
<tr>
<td></td>
<td>(6)</td>
<td>(7)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>$</td>
</tr>
</tbody>
</table>

| Totals | $ | $ | $ |

Authorized Project Representative Date (mm/dd/yyyy)

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Previous editions are obsolete.
Schedule of Materials Stored

Public reporting burden for this collection of information is estimated to average 1.5 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number.

This information is collected under the authority of Section 6(c) of the U.S Housing Act of 1937 and HUD regulations. HAs are responsible for contract administration to ensure that the work for project development is done in accordance with State laws and HUD requirements. The contractor/subcontractor reports provide details and summaries of payments, change orders, and schedule of materials stored for the project. The information will be used to ensure that the total development costs, identified in the ACC, are kept as low as possible and consistent with HUD construction requirements. Responses to the collection are necessary to obtain a benefit. The information requested does not lend itself to confidentiality.

Instructions: This form is to be used to support the Periodic Estimate for Partial Payment (form HUD-51001). The contractor must prepare a separate schedule for his/her materials and for those of his/her subcontractors. Attach an original (or a copy) to each copy of the Summary of Materials Stored (form HUD-51004). Enter all identifying data and list materials stored. The listing of materials stored must correspond to the arrangement established on the Schedule of Contract Payments (form HUD-51000) and each item will be keyed by corresponding item number. This form must be signed as noted.

<table>
<thead>
<tr>
<th>Name of Public Housing Agency</th>
<th>Supporting Periodic Estimate for Partial Payment Number</th>
<th>Period From (mm/dd/yyyy) To (mm/dd/yyyy)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name and Location of Project</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name of General Contractor</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name of Subcontractor</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Item Number</th>
<th>Description and Quality</th>
<th>Quantity</th>
<th>Unit of Measure</th>
<th>Unit Price at Site</th>
<th>Total Price</th>
</tr>
</thead>
</table>

| Amount Carried Forward | $                     |

<table>
<thead>
<tr>
<th>Total Amount or Amount Carried Forward</th>
<th>$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prepared by (Contractor's Representative)</td>
<td>Date (mm/dd/yyyy)</td>
</tr>
</tbody>
</table>

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3728, 3602)

As identified in Schedule of Amounts for Contract Payments, form HUD-51000.

Previous editions are obsolete

form HUD-51003 (1/2014)
# Summary of Materials Stored

Public reporting burden for this collection of information is estimated to average 2.5 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number.

This information is collected under the authority of Section 6(c) of the U.S. Housing Act of 1937 and HUD regulations. HUD is responsible for contract administration to ensure that the work for project development is done in accordance with the requirements. The contractor/subcontractor reports provide details to the contractor on the cost of labor, materials, and services furnished for the project. The information will be used to ensure that the total development costs, identified in the ACC, are kept as low as possible and consistent with the construction requirements. Responses to the collection are necessary to obtain a benefit. The information requested does not lend itself to confidentiality.

### Instructions:

This form is for the Contractor to summarize the value of materials stored at the site (as shown on the schedule, form HUD-51003). Use a separate line for the contractor and each of his/her subcontractors. Prepare an original and one copy, attach form HUD-51003, and send to the Public Housing Agency with the Periodic Estimate for Partial Payment, form HUD-51001. Payment Value, No more than 90 percent of the estimated value of the stored materials will be allowed, and any of the net amount will be carried to line 13 on the back of the Periodic Estimate for Partial Payment, form HUD-51001. Signatures. This form must be signed by those employees of the contractor and of the Public Housing Agency who prepare and check the Schedule of Materials Stored, form HUD-51003.

### Form Fields:

<table>
<thead>
<tr>
<th>Name of Public Housing Agency</th>
<th>Supporting Periodic Estimate for Partial Payment Number</th>
<th>Period from (mm/dd/yyyy)</th>
<th>To (mm/dd/yyyy)</th>
<th>Project Number</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name of General Contractor</th>
<th>Contract Number</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name of General Contractor or Subcontractor</th>
<th>Contract Number</th>
</tr>
</thead>
</table>

- **General Contractor**
- **Subcontractors**

- **Amount**

- **Total** $______

### Calculations:

- **Less 10%** $______
- **Net** $______

Prepared by: ______________________  Date (mm/dd/yyyy): ______________________  Checked by: ______________________  Date (mm/dd/yyyy): ______________________

I certify that I or my authorized representatives have examined and checked in detail the invoices representing the cost of materials set forth in the "Schedule of Materials Stored", form HUD-51003, dated (mm/dd/yyyy) __ to (mm/dd/yyyy) __, consisting of ______ sheets with an indicated cost of $ __________, and find that the net unit price set forth in the schedule are the same or less than the invoices examined, and that such materials were suitably stored at the site of the development as of (mm/dd/yyyy) __.

<table>
<thead>
<tr>
<th>Name of Owner</th>
<th>By (Authorized Representative)</th>
<th>Title</th>
</tr>
</thead>
</table>

**Warning:** HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012, 51 U.S.C. 2726, 3002)

Previous editions are obsolete

form: HUD-51004 (01/2014)  ref. Handbooks 74/17.1 & 7450.1
AFFIDAVIT
COMPLIANCE WITH PREVAILING WAGE LAW

Before me, the undersigned Notary Public, in the County of ________________

State of ______________________

________________________________________
(NAME)

________________________________________
(POSITION)

of __________________________
(NAME OF COMPANY)

Personally, came and appeared before me after being duly sworn did depose and say that all provision and requirements set out in Chapter 290, Section 290.210 through and including, 209.340, Missouri Revised Statutes, pertaining to the payment of wages to workmen employed on public works projects have been fully satisfied and there has been no exception to the full and complete compliance with said provisions and requirements and Wages Determination No. ___________ issued by U.S. Department of Labor on the ______ day of, _______ 20__ in carrying out the contract and work in connection with ______________ location at ______________ in Jackson County, Missouri and completed on the _____ day of ___________, 20__.

________________________________________
(Signature)

Subscribed and sworn to me this _________ day of ___________, 20__

My Commission Expires __________________________, 20__

________________________________________
(Notary)
WAIVER & RELEASE OF LIEN

Project: ___________________________ Owner: ___________________________
Location: __________________________ Address: __________________________

WHEREAS THE-UNDERSIGNED: [ ] Contractor [ ] Subcontractor [ ] Supplier [ ] Architect or Engineer or
[ ] ________________________ has provided labor, services, materials or equipment, for the above
project under an agreement with ________________________

SECTION A: (check and initial only one of the following)
[ ] [ ] PARTIAL WAIVER AND RELEASE: IN CONSIDERATION OF PARTIAL PAYMENT for labor, services,
materials or equipment provided in the amount of ________________________ covering the following Partial
Payment Request(s) or invoice(s): (Attach additional page if necessary).

DATE: ___________ PAY REQUEST OR INVOICE NUMBER: ___________ AMOUNT: $__________

Less discounts, together with any previous payment(s) already received but excluding any retainage or any
labor, services, materials, or equipment provided after the date of: ________________________

[ ] [ ] FINAL WAIVER AND RELEASE: IN CONSIDERATION OF FINAL PAYMENT for all labor, services, materials or
equipment provided in the amount $__________

THE UNDERSIGNED DOES HEREBY WAIVE AND RELEASE all bond claims, liens, or claim or right of lien, statutory
or otherwise, against the property project. Owner and any sureties for labor, services or equipment, as
provided by the Undersigned, but only to the extent of payment received, as indicated above and as limited
below.

SECTION B: (check and initial only one of the following)
[ ] [ ] CONDITIONAL RELEASE: THIS WAIVER AND RELEASE IS CONTINGENT UPON RECEIPT OF:

PAYMENT and final bank clearance of said remittance in the above amount. The remittance identified as
payment and endorsed by the Undersigned marked "paid" or otherwise cancelled by the bank against which
said remittance was drawn, shall constitute conclusive proof that said invoice or pay request was paid and that
payment thereof was received by the Undersigned, and thereupon, this waiver and release shall become
effective automatically without the requirement of any further act, acknowledgment or receipt on the part of
the Undersigned.

ADDITIONALLY, THE UNDERSIGNED ACKNOWLEDGES RECEIPT of the total amount of $__________ in
previous payment and does hereby grant unconditional release of all above described claims for that amount.
OR
[ ] [ ] UNCONDITIONAL RELEASE: THE UNDERSIGNED ACKNOWLEDGES RECEIPT OF PAYMENT in the above
amount for labor, services, materials or equipment as described herein, and does hereby grant this release.

THE PERSON SIGNING BELOW does hereby certify that he or she is fully authorized and empowered to execute
this instrument and to bind the Undersigned hereto, and does in fact so execute this instrument.

COMPANY: __________________________ State: __________________________
ADDRESS: __________________________________ County: __________________________
______________________________________________

SIGNED: __________________________ DATE: __________________________
TITLE: __________________________
Subscribed and Sworn to before me this day of __________________________
My Commission Expires: __________________________
THE LAST TWO FORMS GO WITH THE FINAL PAY REQUEST
CERTIFICATE AND RELEASE

FROM: ________________________________

TO: THE HOUSING AUTHORITY OF KANSAS CITY, MISSOURI

1. The undersigned, hereby certifies that there is due and payable under the contract and duly approved Change Orders and modifications the undisputed balance of $___________

2. The undersigned further certifies that in addition to the amount set forth in Paragraph 1, hereof there are outstanding and unsettled the following items which he claims are just and due and owing by the “Authority” to the “Contractor”:
   A) ________________________________
   B) ________________________________
   C) ________________________________

3. The undersigned further certifies that all work required under this contract including work required under Change Orders has been performed in accordance with the terms thereof and that there are no claims of laborers or mechanics for unpaid wages arising out of the performance of this contract and that the wages rates paid by the Contractor and all Subcontractors were in conformity with the contract provisions relating to said wages.

4. Except for the amounts stated in Paragraphs 1 and 2, hereof the undersigned received from the “Authority” all sums of money payable to the undersigned under or pursuant to the aforementioned contract or any change or modification thereof.

5. That in consideration of the payment of the amount stated in Paragraph 1, hereof the undersigned does hereby release the “Authority” from any and all claims arising under or by virtue of this contract except the amounts listed in Paragraph 2 thereof provided, however, that if for any reason the “Authority” does not pay in full the amount stated in Paragraph 1, hereof said deduction shall not affect the validity of this release. But the amount so deducted shall be automatically included under Paragraph 2 as an amount, which the Contractor has not released, but will release upon payment thereof. The “Contractor” has certified that upon payment of the amounts listed in Paragraph 2 hereof and of any amount which may be deducted from Paragraph 1 hereof. He will release the “Authority” from any and all claims of any nature whatsoever arising out of said contract or modification thereof and will execute such further release or assurances as the Local Authority may request.

IN WITNESS WHEREOF, the undersigned has signed and sealed this instrument this ______________________ day of ____________, 20___.

__________________________________________
(Name of Contractor)

__________________________________________
Being first duly sworn on oath, deposes and says first, that he is

Second, that he has read the foregoing Certificate and Release by him subscribed as Contract for the

__________________________________________
Project.

Affiant further states that the matters and things stated thereof are, to the best of his/her knowledge and belief, true.

__________________________________________
Subscribed and sworn to before me this ______________________ day ______________________, 20___.

__________________________________________
MY COMMISSION EXPIRES ______________________

(NOTARY PUBLIC)
CERTIFICATE OF COMPLETION – CONSOLIDATED

THIS IS TO CERTIFY THAT all work and materials have been carefully inspected by duly authorized representatives or agents of the HOUSING AUTHORITY OF KANSAS CITY, MISSOURI hereinafter called the "Authority", and that services required for the , hereinafter called the "Contractor" has furnished all labor, materials, and located in Kansas City, Missouri in accordance with the requirements of the Specifications and Drawings and Contract No. , dated between the "Authority" and the "Contractor".

THIS IS TO CERTIFY:

1. That all work covered by this Contract, originally required to be completed on , was as actually completed on .

2. That all changes permitted or required to be made, except minor modifications and field adjustments, have been authorized by written and duly approved Change Orders, and all stop orders have been confirmed and listed in writing:

3. That all Procurement Orders have been supported by approved Change Orders equitably adjusting the Contract price and/or time, where adjustment is indicated:

4. That Change Order(s) constitute the only amendment to the contract price and/or time, and that ALL Change Orders issued in connection with this Contract have been furnished or performed:

5. That all certificates, bonds, guarantees, warranties, insurance and tests required under the Contract have been furnished or performed:

6. That the "Authority" has obtained from the "Contractor" the attached Certificate and Release releasing the "Authority" in full from all further claims under the Contract:

7. That all laborers and mechanics have been paid not less than the minimum wage rates established in said Contract, and that there have been no claims made for infringement of any patents:

8. That no claims of nature by any Laborers, Mechanic, Subcontractor, material man, or Vendor are outstanding against the "Authority" and

9. That: Date of Completion fixed in Contract
   Date of Completion as extended
   Actual Completion date of Contract Work
   Original Contract Price
   Change Orders: Authorized/ Additions
   SUBTOTAL:
   Authorized deductions excluding L & I
   ADJUSTED CONTRACT PRICE:
   LESS: Total Payment to Contractor
   Amount Remained for Claims
   Total Amount of L & I Assessed
   BALANCE DUE:

10. That voucher for final payment in the amount of is due and payable.

THE HOUSING AUTHORITY OF KANSAS CITY, MISSOURI
By: ____________________________
   Title: ____________________________
   Date: ____________________________

(Name of the Architect)
By: ____________________________
   Title: ____________________________
   Date: ____________________________

(Name of the Contractor)
By: ____________________________
   Title: ____________________________
   Date: ____________________________

Rev: 03/23/2010
**DERECHOS DEL EMPLEADO BAJO LA LEY DAVIS-BACON**

**PARA OBREROS Y MECÁNICOS EMPLEADOS EN PROYECTOS DE CONSTRUCCIÓN FEDERAL O CON ASISTENCIA FEDERAL**

**LA SECCIÓN DE HORAS Y SUeldos DEL DEPARTEAMENTO DE TRABajo DE EEUU**

<table>
<thead>
<tr>
<th>SALARIOS PREVALENTES</th>
<th>No se le puede pagar menos de la tasa de pago indicada en la Declaración de Salarios Davis-Bacon, incluso con este Aviso para el trabajo que Ud. desempeña.</th>
</tr>
</thead>
<tbody>
<tr>
<td>SOBRETIEMPO</td>
<td>Se le ha de pagar no menos de tiempo y medio de su tasa básica de pago por todas las horas trabajadas en exceso de 40 en una semana laboral. Existen pocas excepciones.</td>
</tr>
<tr>
<td>CUMPLIMIENTO</td>
<td>Se pueden retener pagos por contratos para asegurarse que los obreros reciban los salarios y el pago de sobretiempo debido, y se podría aplicar daños y perjuicios si no se cumple con las exigencias del pago de sobretiempo. Las cláusulas contractuales de Davis-Bacon permiten la terminación y exclusión de contratistas para efectuar futuros contratos federales hasta tres años. El contratista que falsifique los registros certificados de las nóminas de pago o induzca devoluciones de salarios puede ser sometido a procedimientos civiles o penales, multas y/o condenas.</td>
</tr>
<tr>
<td>APRENDICES</td>
<td>Las tasas de aprendices sólo se aplican a aprendices correctamente inscritos bajo programas federales o estatales aprobados.</td>
</tr>
<tr>
<td>PAGO APROPIADO</td>
<td>Si Ud. no recibe el pago apropiado, o precisa de información adicional sobre los salarios aplicables, póngase en contacto con el Contratista Oficial que aparece abajo:</td>
</tr>
</tbody>
</table>

Fannie J. Woods  
Regional Labor Relations Officer  
HUD – Office of Labor Relations  
Gateway Tower II, 5th Floor  
400 State Avenue  
Kansas City, KS 66101  
Office 913-551-5577  
Fax 913-551-5499

o póngase en contacto con la Sección de Horas y Sueldos del Departamento de Trabajo de EEUU.

**Para obtener información adicional:**  
[1-866-4-USWAGE](tel:1-866-4-USWAGE) (1-866-487-9243)  
TTY: 1-877-889-5627  
[WWW.WAGEHOUR.DOL.GOV](http://www.dol.gov/whd/whregs/compliance/g4.htm)
Schedule of Values

Date: __________

Project: ____________________________
Location: __________________________
Contract #: _________________________
Contractor: ________________________

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<tr>
<th>#</th>
<th>Breakdown of Project/Construction Activities</th>
<th>Schedule of Value ($)</th>
<th>% Completed to Date</th>
<th>Value of Work Completed to Date</th>
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Sub Total $_________ $_________

Authorized Change Orders
1. 
2. 
3. 

Total = ________________

Total Contract Inc. Change Orders $_________ in Place to $_________

10% Retainage $_________
Total Contract Earned $_________
Total Previously Paid $_________
Balance Due on this Pay Request $_________
Project: ________________________________

Contract #: ______________________________

Location: ________________________________

Contractor: ________________________________

Section 3 Workers Compliance:

____ (No) I am not hiring new employees when this project commences on the scheduled date.

____ (Yes) I am hiring new employees when this project commences on the scheduled date. The following are the name and addresses of the Section 3 employees that I am likely to hire for this project.

1. Name: __________________________________
   Address: ________________________________

2. Name: __________________________________
   Address: ________________________________

3. Name: __________________________________
   Address: ________________________________

4. Name: __________________________________
   Address: ________________________________

5. Name: __________________________________
   Address: ________________________________
Environmental Compliance

Contractor: ________________________________

Project Address: __________________________

Project: _________________________________

The aforementioned contractor verifies that the Project is free from any violations of Federal, State, or local environmental laws, regulations or ordinances.

Name: _________________________________

Title: _________________________________
Verification of Contractor’s Safety Program on Job Site

This is to certify that, safety flyers and/or Material Safety Data Sheet binder (MSDS) were posted in a conspicuous location on the job site.

The Safety Program Representative is Mr./Ms.: __________________________

Title: __________________________

Signature: __________________________  Date: __________________________
Construction Progress Schedule

The contract shall submit its proposed Progress Schedule to the Project Manager immediately after issuance of the Notice to Proceed.

Work shall not commence until Progress schedule has been submitted and approved.

Address:

Start Date:

Construction Phase Dates:

Completion Dates:

Additional Information Requested:

Updated Schedule:

Company Name:

Name:

Date:

Signature: