

APPLICATION AND CERTIFICATION FOR PAYMENT

AIA DOCUMENT G702

PAGE ONE OF 2 PAGES

OWNER: PROJECT: PO #814922

APPLICATION NO: 1F

Distribution to:

Gomez Business HWY 281
 Urg. TX 78539
 1 CONTRACTOR:
 Principal Contractors
 McColl, Suite C
 Len TX 78501

PERIOD TO: 4/30/2020

<input checked="" type="checkbox"/>	OWNER
<input checked="" type="checkbox"/>	ARCHITECT
<input checked="" type="checkbox"/>	CONTRACTOR
<input type="checkbox"/>	

VIA ARCHITECT:

CCE: 74210-0083

PROJECT NO: PO # 814922

TRACT FOR: Hidalgo County Juvenile Detention Center

CONTRACT DATE: 4/3/2020

CONTRACTORS APPLICATION FOR PAYMENT

ation is made for payment, as shown below, in connection with the Contract.
 Attachment Sheet AIA Document G703, is attached.

The undersigned Contractor certifies that to the best of the Contractor's knowledge, information and belief the Work covered by this Application for Payment has been completed in accordance with the Contract Documents, that all amounts have been paid by the Contractor for Work for which previous Certificates for Payment were issued and payments received from the Owner, and that current payment shown herein is now due.

04/30/2020

ORIGINAL CONTRACT SUM
 Change by Change Orders
 CONTRACT SUM TO DATE (Line 1 + 2)
 TOTAL COMPLETED & STORED TO
 DATE (Column G on G703)
 RETAINAGE:
 0 % of Completed Work \$ 0.00
 (Column D + E on G703)
 % of Stored Material \$ Included in above
 (Column F on G703)
 Total Retainage (Lines 5a + 5b or
 Total in Column I of G703) \$ 0.00
 TOTAL EARNED LESS RETAINAGE \$ 5,887.77
 (Line 4 Less Line 5 Total)
 LESS PREVIOUS CERTIFICATES FOR
 PAYMENT (Line 6 from prior Certificate) \$ 0.00

URGENT PAYMENT DUE
 AMOUNT TO FINISH, INCLUDING RETAINAGE
 (Line 3 less Line 6) \$ 5,887.77

CHANGE ORDER SUMMARY	ADDITIONS	DEDUCTIONS
Material changes approved		
Material approved months by Owner		
Material approved this Month	\$0.00	\$0.00
TOTALS		
NET CHANGES by Change Order	\$0.00	\$0.00

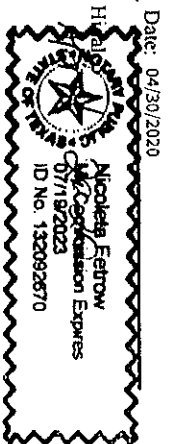
ARCHITECT'S CERTIFICATE FOR PAYMENT

In accordance with the Contract Documents, based on on-site observations and the data comprising the application, the Architect certifies to the Owner that to the best of the Architect's knowledge, information and belief the Work has progressed as indicated, the quality of the Work is in accordance with the Contract Documents, and the Contractor is entitled to payment of the AMOUNT CERTIFIED.

AMOUNT CERTIFIED \$

(Attach explanation if amount certified differs from the amount applied. Initial all figures on this Application and on the Continuation Sheet that are changed to conform with the amount certified.)

By: _____ 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 or Contractor under this Contract.

CONTRACTOR: *Mark Baker*
 By: *Tod Musselman*
 State of: Texas County of: Hidalgo
 Subscribed and sworn to before me this 30 day of April
 Notary Public: Nicolaeta Fetrow
 My Commission expires: 7/19/2023
 Date: 04/30/2020


CONTINUATION SHEET

AIA DOCUMENT G703

PAGE OF PAGES

Document G702, APPLICATION AND CERTIFICATION FOR PAYMENT, containing contractor's signed certification is attached.
 Additions below, amounts are stated to the nearest dollar.
 Column 1 on Contracts where variable retainage for line items may apply.

APPLICATION NO: 1F
 APPLICATION DATE: 5/4/2020
 PERIOD TO: 4/30/2020
 ARCHITECT'S PROJECT NO: PC #214922

A EM NO	B DESCRIPTION OF WORK	C SCHEDULED VALUE	D WORK COMPLETED		E THIS PERIOD	F MATERIALS PRESENTLY STORED (NOT IN DOR E)	G TOTAL COMPLETED AND STORED TO DATE (D-E-F)	H % (G - C)	I BALANCE TO FINISH (C - G)	J RETAINAGE (IF VARIABLE RATE)
			FROM PREVIOUS APPLICATION (D + E)							
1	Construction Labor & Material	\$5,887.77	\$0.00	\$5,887.77	\$5,887.77	\$0.00	\$5,887.77	100.00%	\$0.00	\$0.00
	GRAND TOTALS	\$5,887.77	\$0.00	\$5,887.77	\$5,887.77	\$0.00	\$5,887.77	100%	\$0.00	\$0.00

Users may obtain validation of this document by requesting of the license a completed AIA Document D401 - Certification of Document's Authenticity



Purchase Order COUNTY OF HIDALGO

PO# 814922

DATE: 04/03/20

PAGE NO: 1 OF 2

PO TYPE:

VENDOR: 303615

REQ: 00411549

PHONE:

EMAIL:

SHIP TO: FACILITIES MANAGEMENT DEPARTMENT

3100 S. BUSINESS HWY 281
EDINBURG TX 78539

CENTENNIAL CONTRACTORS ENTERPRISES, INC.
301 N. MCCOLL SUITE C
MCALLEN TX 78501

CONTACT: ALVAREZ 170798

(956) 289-7850

SITE: FACILITIES MANAGEMENT

CONTRACT NO: BUYBOARD 581-19

SPECIAL INSTRUCTIONS: LINE 3017

VENDOR NOTES

1. Do not add to, or alter this Purchase Order. This Order is not renewable.
2. TAX EXEMPTION: This Purchase Order may be accepted in lieu of Exemption Certificate.
3. This Order is also placed F.O.B. Destination. Vendor must repay all shipping costs.
4. Invoice each Purchase Order singly. Original Invoices are required customer copy may be accepted. Out number must appear on all invoices, bills of lading, and packages.
5. Payment will be made only for bona fide and full completed orders, unless otherwise attached.

QTY	UOM	DESCRIPTION	UNIT PRICE	AMOUNT
		DO NOT DUPLICATE ORDER		
		PRIORITY ELECTRICAL REPAIR @ JUVENILE PROBATION (BOOTCAMP) WESLACO		
1.00	DAY	CO 024119190725 SELECTIVE DEMOLITION, RUBBISH HANDLING, DUMPSTER, 20 C.Y., 5 TON CAPACITY, WEEKLY RENTAL, INCLUDES ONE DUMP PER WEEK, COST TO BE ADDED TO DEMOLITION COST.	565.0000	565.00
20.00	YARDS	CO 024119192040 SELECTIVE DEMOLITION, RUBBISH HANDLING, 0'-100' HAUL, LOAD, HAUL, DUMP AND RETURN, HAND CARRIED, COST TO BE ADDED TO DEMOLITION COST	54.1000	1,082.00
720.00	FT	CO 070505100670 SELECTIVE DEMOLITION, THERMAL AND MOISTURE PROTECTION, INSULATION, BATTS OR BLANKETS	.2500	180.00
720.00	FT	CO 072116201320 BLANKET INSULATION, FOR WALLS OR CEILINGS, MINERAL WOOL BATTS, 3-1/2" THICK R15	1.3000	936.00
720.00	FT	CO 095123106000 SUSPENDED ACOUSTIC CEILING TILES, MINERAL FIBER TILE, LAY-IN, FINE TEXTURE, 2'x2' OR 2'x4', 5/8" THICK REMOVE AND INSTALL NEW	1.9800	1,425.60
630.00	FT	CO 09532330400 ACOUSTIC CEILING GRID, 2'x2', REMOVE AND REPLACE	2.1000	1,323.00
18.00	FT	CO 230505101590 DUCTWORK, SPIRAL WOUND, PREFABRICATED, SELECTIVE DEMOLITION	1.7100	30.78
14.00	FT	CO 233113165430 METAL DUCTWORK, SPIRAL PREFORMED, STEEL, GALVANIZED, STRAIGHT LENGTHS, MAX. 10" SPWG, 8" DIAMETER, 26 GA	6.4600	90.44
4.00	EACH	CO 233113165820 METAL DUCTWORK, SPIRAL PREFORMED, STEEL, GALVANIZED, CONNECTOR, MAX. 10" SPWG, 6" DIAMETER	11.6600	46.64
1.00	EACH	CO 233113166620 METAL DUCTWORK, SPIRAL PREFORMED, STEEL, GALVANIZED, ELBOW, MAX. 10" SPWG, 90 DEG, 6" DIAMETER	20.8600	20.86
3.00	EACH	CO 233113166630 METAL DUCTWORK, SPIRAL PREFORMED, STEEL, GALVANIZED, ELBOW, MAX. 10" SPWG, 90 DEG, 8" DIAMETER	30.8500	92.55
1.00	FT	CO 233715403200 LOUVER, ALUMINUM, EXTRUDED, WITH SCREEN, MILL FINISH, FLXED BLADE, CONTINUOUS LINE, STORMPROOF	60.3000	60.30
1.00	FT	CO 233715404200 LOUVER, ALUMINUM, EXTRUDED, WITH SCREEN, MILL FINISH, PENTHOUSE, ROOF	34.6000	34.60
		TOTAL:		5,887.77
		WORK ORDER 12181		

Authorized by: _____

Martha L. Salazar



Purchase Order COUNTY OF HIDALGO

PO# 814922

DATE: 04/03/20

PAGE NO: 2 Of 2

PO TYPE:

VENDOR: 303615

REQ: 00411549

PHONE:

EMAIL:

SHIP TO: FACILITIES MANAGEMENT DEPARTMENT

3100 S. BUSINESS HWY 281

EDINBURG TX 78539

CENTENNIAL CONTRACTORS ENTERPRISES, INC.
301 N. MCCOLL SUITE C
MCALLEN TX 78501

CONTACT: ALVAREZ 170798

(956)289-7850

SITE: FACILITIES MANAGEMENT

CONTRACT NO: BUYBOARD 581-19

SPECIAL INSTRUCTIONS: LINE 3017

VENDOR NOTES

1. Do not add to, or alter this Purchase Order. This Order is not renewable.
2. TAX EXEMPTION: This Purchase Order may be accepted in lieu of Exemption Certificate.
3. This Order is also placed F.O.B. Destination. Vendor must repay all shipping costs.
4. Invoice each Purchase Order singly. Original invoices are required customer copy may be accepted. Out number must appear on all invoices, bills of lading, and packages.
5. Payment will be made only for bona fide and full completed orders, unless otherwise attached.

QTY	UOM	DESCRIPTION	UNIT PRICE	AMOUNT
		<p style="text-align: center;">***** For Hidalgo County use only 0-1100-419-40-220-050-0-430</p>	5,887.77	

Authorized by:

Monisha L. Salazar



Hidalgo County Purchasing Department Purchasing Request Form

In order to assist the Purchasing Department in the procurement process, please complete this form with all the pertinent information and return to the Purchasing Department in person, via facsimile to (956) 318-2629 or 292-7612 or email to: darlene.betancourt@co.hidalgo.tx.us or oscarg.garza@co.hidalgo.tx.us **(Requests will be processed on a first come, first basis)**

Request Date: January 27, 2020	
Department: Facilities Management for Juvenile Probation Facilities (Weslaco Boot camp)	
Name of Approving Elected Official/Department Head/Supervisor: Daniel Flores	
Point of Contact: Daniel Flores	Contact Phone Number: Off. 289-7850/Fax 318-2648 Contact Fax Number: _____
Contact E-Mail daniel.flores@co.hidalgo.tx.us	
Budget Account Number: 0-1100-419-40-220-050-0-430	
Signature of Approving Elected Official/Department Head/Supervisor: 1/28/2020	
Estimated Date Goods/Services are required: As soon as possible, Facility is a 24 hour Juvenile Boot camp.	
Goods/Services Description: (Please provide detailed information (specifications) of the Goods/Services being requested) use additional sheets if required. Facility experienced two fires over the weekend, one was from oily rags and the second was from an electrical outage/short. City of Weslaco Fire Department responded and found the dryer exhaust vent not in compliance due to it venting lint into the attic instead to the exterior. Need a vendor to install new metal exhaust vent line with a vent cap.	
FOR PURCHASING DEPARTMENT OFFICE USE: To be completed by the Purchasing Department	
Procurement Manager Notes:	
Assigned to Buyer:	
Date Assigned:	
Project Type:	
Project Number:	
Notified Department on:	
Special Instructions by Procurement Manager:	

12181 Bootcamp Dryer

User Name	Assigned To	Status	Days Old
Eliud Rubio Email: eliud.rubio@jpd.co.hidalgo.tx.us Phone: Ext: 7117	New Work Order Queue Hidalgo County Facilities Management	Open	1h 7m
Priority:	3 - Red- (Multiple Trades more than 2 weeks)		
Follow-up Date:			
Location:	Juvenile Probation Facilities		
Class:	General Maintenance		
Project:			
Dates:	27-Jan-2020	Last Updated: 27-Jan-2020 03:27 PM (UTC-6)	
To-Do List:			
Ticket Costs:	Total = \$0.00 Labor = \$0.00 Misc = \$0.00		
	No files found.		

Initial Post

Rubio, Eliud

27-Jan-2020 03:27 PM (UTC-6)

Weslaco Bootcamp's dryer has an electrical outage/shortage

Initial Log

Rubio, Eliud

27-Jan-2020 03:27 PM (UTC-6)

This ticket was created with using Routing Rule #4(Last) Last Resort and assigned to New Work Order Queue

Time Spent	
Parts & Costs	

For Comptroller's Use Only

Direct Deposit Authorization

This form may be used by vendors, individual recipients or state employees to receive payments from the state of Texas by direct deposit or to change/cancel existing direct deposit information.

Transaction Type

SECTION 1	<input checked="" type="checkbox"/> New setup (Sections 2, 3, 5 and 6)	<input type="checkbox"/> Change account type (Sections 2, 3, 4, 5 and 6)
	<input type="checkbox"/> Change financial institution (Sections 2, 3, 4, 5 and 6)	<input type="checkbox"/> Cancellation (Sections 2 and 6 - Sections 7 and 8 for state agency use)
	<input type="checkbox"/> Change account number (Sections 2, 3, 4, 5 and 6)	

Payee Identification

SECTION 2	Payee type	<input type="checkbox"/> Texas Identification Number (TIN)	<input type="checkbox"/> Individual Taxpayer Identification Number (ITIN)	Mail code (If not known, leave blank.)	
	<input type="checkbox"/> State employee	<input checked="" type="checkbox"/> Employer Identification Number (EIN)	54-1580153		
	<input checked="" type="checkbox"/> Vendor or other recipient	<input type="checkbox"/> Social Security Number (SSN)*			
Payee name	Centennial Contractors Enterprises, Inc.		Phone number	703-885-4644 ext.	
Mailing address	11111 Sunset Hills Rd. Suite 350	City	Reston	State	VA
				ZIP code	20190

New Account Information (Setups and Changes) (Completion by financial institution is recommended.)

SECTION 3	Financial institution name	HSBC Bank	City	Reston	State	VA
	Routing transit number (9 digits)	0210-0108-8	Customer account number (maximum 17 characters)	000248703	Type of account	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings
	Financial representative name (optional)	Title (optional)				
	Financial representative signature (optional)	Phone number (optional)	ext.	Date (optional)		


Existing Account Information (Changes Only)

SEC 4	Routing transit number (9 digits)	Customer account number (maximum 17 characters)	Type of account
			<input type="checkbox"/> Checking <input type="checkbox"/> Savings

International Payments Verification (required)

SEC 5	Will these payments be forwarded to a financial institution outside the United States?.....	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
	If "YES," also complete the ACH (Direct Deposit) Payment Destination Confirmation (Form 74-227).		


Authorization for Setup, Changes or Cancellation (required)

SECTION 6	I authorize the Texas Comptroller of Public Accounts to deposit my payments from the state of Texas to my financial institution electronically. I understand that the Texas Comptroller of Public Accounts will reverse any payments made to my account in error. I further understand that the Texas Comptroller of Public Accounts will comply at all times with the National Automated Clearing House Association's rules. (For further information on these rules, please contact your financial institution.)		
	Authorized signature	Printed name	Date
	sign here 	Paul Skafidas, Assistant Controller	8/8/2019

Cancellation by Agency (for state agency use)

SEC 7	Reason	Date

Authorized Signature (for state agency use)

SECTION 8	Signature	Date
	sign here 	
	Phone number	Agency number
	ext.	
Agency name		
Comments		

Please return your completed form to:

Instructions for Direct Deposit Authorization

You have certain rights under Chapters 552 and 559, Government Code, to review, request and correct information we have on file about you. To request information for review or to request error correction, use the contact information on this form.

Section 1: Transaction Type

Select the appropriate transaction type(s).

Section 2: Payee Identification

Select payee type, provide the Texas Identification Number (TIN), Employer Identification Number (EIN) Social Security Number (SSN)* or Individual Taxpayer Identification Number (ITIN) and enter payee contact information.

***Federal Privacy Act Statement**

Disclosure of your Social Security number is required and authorized under law, for the purpose of tax administration and identification of any individual affected by applicable law, 42 U.S.C. sec. 405(c)(2)(C)(i); Texas Govt. Code Sections 403.011, 403.056, and 403.078. Release of information on this form in response to a public information request will be governed by the Public Information Act, Chapter 552, Government Code, and applicable federal law.

Section 3: New Account Information (Needed for setups and changes)

Completion by financial institution is recommended.

Important: Your direct deposit account information may be different from the account information printed on your checks. It is recommended that you contact your financial institution to confirm your direct deposit account information.

Prenote Test:

A prenote test will be sent to your financial institution for the account information provided. The prenote test is for a period of six banking days, and it is sent to your financial institution to verify your account information. If no further action is required by your financial institution, your direct deposit instructions will become effective when the six banking day prenote time frame has expired.

Section 4: Existing Account Information (Needed for changes to existing account information)

When requesting a change to your existing direct deposit account information, you must complete Section 4 with the existing account information for verification purposes. This measure will help the paying state agency verify accuracy of the requested change.

Any change to banking information begins a prenote test period. See explanation in Section 3, above.

Section 5: International Payments Verification

Check "YES" or "NO" to indicate if direct deposit payments to the account information designated in Section 3 of this form will be forwarded to a financial institution outside the United States. If "YES," also complete the ACH (Direct Deposit) Payment Destination Confirmation (Form 74-227).

Section 6: Authorization for Setup, Changes or Cancellation

Must be completed in its entirety, and no alterations to the authorization language will be accepted.

For State Agency Use

Section 7: Cancellation by Agency

Provide reason for cancellation request.

Section 8: Authorized Signature

For state agency use only.