



To: Participating Consultants and Contractors
Associated with City Related Projects

From: Tawannia Bernard, Contract Administrator

Subject: Required Documents for Monthly Payment Request
and Project Close Outs.

The following items are required for monthly payment requests on contracts:

- One (1) Original hard copy of Estimate/Invoice;
- One (1) copy of Sales Tax Report (attachment "A"); Please do not shrink this page
- One (1) copy of Material Inventory Statement, when applicable (attachment "B")
- One (1) copy of Paid Invoices for all materials for which payment is being requested;
- One (1) Original Certified Payrolls (when federal monies are involved); one for each company on site
- Two (2) copies of MBE/DBE Certification for each MBE/DBE Subcontractor on project (attachment "C"). Final payment to the prime contractor requires payment in full to the MBE/DBE firms and suppliers.
- One copy of the City DBE-IS form.
- One (1) Original copy of Truck tickets (when federal monies are involved);
- A valid Insurance / Builders Risk Certificate on file for the duration of the project
- One (1) copy of Consent of Surety to Reduction in or Partial Release of Retainage
- Two (2) copies of the State DBE-IS form (when state or federal monies are involved)

The following items are required prior to a project close out and requirements of NCGS.*

- One (1) copy of Contractor's Affidavit of Payment of Debts and Claims and release or Waiver of liens form (attachment "D");
- One (1) copy of Subcontractors' Release or Waiver of Liens form (attachment "E");
- One copy of Contractor's Assignment of all Warranties and Guarantees form (attachment "F");
- One (1) copy of Consent of Surety Company to Final Payment form (attachment "G").
- As-Built Plans / Record Drawings

* The Project Director, Project Engineer, and Consultant may require additional items to be submitted and finalized prior to release of final payment.

Attachments



Project Name: _____

Contract Number: _____

Prime Contractor: _____

Sub Contractor: _____

Sub Contractor Address & Phone _____

Pay Application #: _____ Period: _____

* TYPE OF MBE	CONTRACT AMOUNT	CHANGE ORDERS (ADD OR DEDUCT)	TOTAL AMOUNT COMMITTED	AMOUNT PAID THIS MONTH	TOTAL AMOUNT OUTSTANDING

*Minority categories: Black (B), Hispanic (H), Asian American (AA), American Indian (AI), White Female (WF), Socially and Economically Disadvantaged (D), DBE

NOTE: The Contractor certifies that all work designated in the contract documents to be performed by MBE/DBE subcontractors and suppliers has been performed by the specified MBE/DBE firms. The invoice does not reflect self-performance or payment to any other subcontractor for any portion of the work designated to be performed by MBE/DBE subcontractors. The Contractor shall inform the City immediately of any deviation from the contractual obligation to utilize MBE/DBE subcontractors for all designated work as specified in the approved contract documents. The Contractor will not self-perform or substitute MBE/DBE subcontractor or suppliers without prior authorization. Timing of payments made to subcontractors will follow G1.12.10 of the contract. Every payment to the prime contractor requires an account of payments; invoices with actual dates of work performed and cancelled checks to all MBE/DBE firms and suppliers. Contractor must submit proof of payment to MBE/DBE's.

Approved/Certified By:

Prime

Title

Date

Signature

MBE/DBE

Title

Date

Signature

This form must be signed by the MBE/DBE firm before payment to Prime Contractor can be processed.



Submit with Invoice To: City of Wilmington
Engineering
P. O. Box 1810
Wilmington, NC 28402

Project Name _____
Project Number _____
Contractor Name _____

Contract Line Item	Payer Name	Payer Federal Tax Id	Subcontractor / Subconsultant / Material Supplier Name	Subcontractor / Subconsultant / Material Supplier Federal Tax Id	Amount Paid To Subcontractor / Subconsultant / Material Supplier This Invoice	Date Paid To Subcontractor / Subconsultant / Material Supplier This Invoice
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Total Amount Paid to Subcontractor Firms \$ _____

I certify that this information accurately reflects actual payments made and the dates the payments were made to Subcontractors/ Subconsultants/Material Suppliers on the above referenced project.

Signature _____ Title _____

Print Name _____ Date _____

CONTRACTOR'S AFFIDAVIT
OF PAYMENT OF DEBTS AND
CLAIMS AND RELEASE OF LIENS

-D-

To: City of Wilmington
P. O. Box 1810
Wilmington, N.C. 28402

Project of Contract No. :

Contract Date:

Attn:

Project (Name, Address)

STATE OF:

COUNTY OF:

The undersigned, pursuant to Paragraph _____ of contract for construction of _____, hereby certifies that, he has paid in full or has otherwise satisfied all obligations for all materials and equipment furnished, for all work, labor and services performed, and for all known indebtedness and claims against the contractor for damages arising in any manner in connection with the performance of the contract referenced above for which the owner or his property might in any way be held responsible.

In addition, the undersigned further certifies that to the best his knowledge, information and belief, the Releases or Waivers of Liens attached hereto include the contractor, all subcontractors, all suppliers of materials and equipment, and all performers of work, labor or services who have or may have any claims against the owner arising in any manner out of the performance of the contract referenced above.

IN WITNESS WHEREOF, the undersigned has hereto set his hand and seal this _____ day of _____, 20____.

CONTRACTOR:

Address:

By: _____
Title

ATTEST:

Sworn and subscribed to before me
This _____ day of _____, 20____.

Title

Notary Public

(Seal)

My Commission Expires _____

SUBCONTRACTOR'S RELEASE OR
WAIVER OF LIENS

-E-

To: (Contractor)

Project of Contract No. :

Contract Date:

and

City of Wilmington
P. O. Box 1810
Wilmington, N.C. 28402

Attn:

Project
(Name, Address)

STATE OF:

COUNTY OF:

The undersigned subcontractor, hereby acknowledges and certifies that he has received full payment for all work, labor, skill and material furnished, delivered, supplied or performed in connection with the contract referenced above to and for _____ (contractor's name), the general contractor, or anyone in any manner in connection with the contract referenced above; and for value received hereby waives all rights and liens which the undersigned may now or hereafter claim or assert for all or any work, labor, skill or materials furnished, delivered or performed in connection with the contract referenced above, against said contractor, the city, or any natural person or against said improvement, land or buildings thereof and appurtenances thereof.

The undersigned, in consideration of the payment acknowledged herein, affirms that all work, labor and material, furnished, delivered or performed to or for said contract referenced above was furnished, or performed to or for said contract referenced above was furnished, delivered or performed by the undersigned, or his agent, employees and servants or by and through the undersigned by the following subcontractor(s) or material men or their agent(s), employee(s) and servants(s), to wit: _____; and further affirms that the attached receipts and releases represent payment in full, and release in full of all and any hitherto existing or possible future mechanics liens or rights in connection with the above referenced contract.

IN WITNESS WHEREOF, the undersigned has hereto set his hand and seal this _____ day of _____, 20_____.

SUBCONTRACTOR

Address:

By:

Title

Attest:

Title

(SEAL)

Subscribe and sworn to before me this _____ day of _____, 20____.

Notary Public

My commission expires:_____

CONTRACTOR'S ASSIGNMENT OF
ALL WARRANTIES AND GURANTEES

-F-

To: City of Wilmington
P. O. Box 1810
Wilmington, N. C. 28402

PROJECT OR CONTRACT NO:

Attn:

Project (Name, Address)

CONTRACT DATE:

STATE OF:

COUNTY OF:

The undersigned, pursuant to paragraph _____ of our contract for the construction of _____ and in consideration for the sums stated therein, the receipt of which is hereby acknowledged, do hereby assign, transfer, bargain and convey unto the City of Wilmington all its rights, title and interest in and to all warranties, express or implied, covering warranting, applying or pertaining to all goods, equipment, and materials of whatsoever kind, furnished, delivered or used for or in said contract referenced above.

Also, the undersigned does hereby certify that to the best of his knowledge, information and belief that the warranties attached hereto include all warranties of the contractors, and all subcontractors. And all suppliers of materials and equipment furnished, delivered or used for or in said contract referenced above.

IN TESTIMONY WHEREOF, said contractor or subcontractor has hereunto set his hand and seal this _____ day of _____, 20____.

CONTRACTOR:

Address:

By: _____
Title

ATTEST:

Sworn and subscribed to before me
This _____ day of _____, 20____.

Title

Notary Public

(SEAL)

My commission expires: _____

CONSENT OF SURETY COMPANY
TO FINAL PAYMENT

-G-

Project:
(Name, Address)

To: City of Wilmington
P. O. Box 1810
Wilmington, N. C. 28402

PROJECT OR CONTRACT NO:

Attn:

Project (Name, Address)

CONTRACT DATE:

In accordance with the provisions of the contract between the owner and the contractor as indicated above, the _____
(here insert name and address of Surety Company)

Surety Company

On bond of (here insert name and address of contractor)

Contractor

Hereby approves of the final payment to the contractor, and agrees that final payment to the contractor shall not relieve the surety company of any of its obligations to (here insert name and address of owner)

Owner

as set forth in said Surety Company's Bond.

IN WITNESS WHEREOF,

The Surety Company has hereunto set its hand this _____ day of _____,
20____.

Surety Company

Signature of Authorized Representative

Title

ATTEST:

Title

(SEAL)

Sworn and subscribed to before me
this _____ day of _____, 20____.

Notary Public

My Commission Expires: _____