

# Application for Payment

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## Cover Sheet and Instructions

APPROVED DOCUMENT – This document is approved by the Office of the President and Office of the General Counsel for use by the Facility and is available on electronic media.

<b>PURPOSE OF DOCUMENT:</b>	Provides a standard form for CM/Contractor payment applications.		
<b>CROSS-REFERENCE TO FACILITIES MANUAL:</b>	None		
<b>CONTENTS:</b>	Application for Payment form with Schedules 1 through 4		
<b>FOR USE WITH:</b>	CM/Contractor Contract Documents		
<b>COMPLETED BY:</b>	✓	Filling in	Adding Text
<b>ITS USE IS:</b>	✓	Required	Optional

**NOTE:** To use the electronic file of this document, you must go to the “Tools” pull down menu in Microsoft Word, select “Options,” select the “View” tab, and then put a check in the box “Hidden text.” Most instructions and alternate language is displayed in hidden text. Do not print the hidden text for the final document.

### Completion Instructions:

- Notes, suggested text, instructions and other information is formatted using the following methods:
  - Hidden text within brackets. {This is an example of the format.} Read the material within the brackets and take the appropriate action (usually inserting text or selecting from a choice of texts.) When printing this document, the default print property will not print the hidden text.
  - Coded instruction within brackets. {This is an example of the format.} The instructions and shading will disappear when the required information is typed.
  - Suggested text is shaded in gray without brackets (see Modification and Additions below.)
- The CM/Contractor completes most of the form, including Schedules 1 through 4 (as applicable).

### Modifications and Additions:

None

### Comments:

None

EXHIBIT {NUMBER}

APPLICATION FOR PAYMENT

Number: \_\_\_\_\_ Period to: \_\_\_\_\_

TO UNIVERSITY: {INSERT DESIGNATED RECIPIENT AND DEPARTMENT LOCATION},  
UNIVERSITY OF CALIFORNIA, {STREET ADDRESS, CITY, STATE, ZIP CODE}

AND UNIVERSITY'S REPRESENTATIVE: \_\_\_\_\_

FROM CM/CONTRACTOR: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PROJECT NAME: \_\_\_\_\_

PROJECT NUMBER: \_\_\_\_\_

FACILITY: \_\_\_\_\_

CONTRACT DATE (Agreement Date): \_\_\_\_\_

APPLICATION DATE: \_\_\_\_\_

CHANGE ORDER/CONTRACT AMENDMENT SUMMARY:

	<u>Additions</u>	<u>Deductions</u>
Total:	_____	_____

Change Orders/Contract Amendments approved in previous months:

Number:	Date Approved:		
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	Total:	_____

## NET CHANGE BY CHANGE ORDERS/CONTRACT AMENDMENTS:

Application is made for payment under the Contract as shown below and in Schedule 1 attached hereto:

1. ORIGINAL CONTRACT SUM		\$	
			<hr/>
2. NET CHANGE BY CHANGE ORDERS/CONTRACT AMENDMENTS		\$	
			<hr/>
3. CONTRACT SUM TO DATE (Line 1 + Line 2)		\$	
			<hr/>
4. TOTAL AMOUNT COMPLETED TO DATE (Column E on Schedule 1)		\$	
			<hr/>
5. RETENTION: 5% of Completed Work (Column H on Schedule 1)*		\$	
			<hr/>
a. Current Value of Securities Deposited in Escrow	\$		
			<hr/>
b. Current Value of Retention Deposited in Escrow	\$		
			<hr/>
c. Retention Held by University	\$		
			<hr/>
Current Retention Value (a + b + c)	\$		
			<hr/>
6. TOTAL EARNED LESS RETENTION (Line 4 less Line 5)		\$	
			<hr/>
7. TOTAL AMOUNT PREVIOUSLY PAID		\$	
			<hr/>
8. CURRENT PAYMENT DUE (Line 6 less Line 7)		\$	
			<hr/>
9. BALANCE TO FINISH, PLUS RETENTION (Line 3 less Line 6)		\$	
			<hr/>

\*Pursuant to Article 9.2.2 of the General Conditions.

The undersigned CM/Contractor hereby represents and warrants to University that all Work, for which Certificates For Payment have previously been issued and payment received from University, is free and clear of all claims, stop notices, security interests, and encumbrances in favor of CM/Contractor, any Subcontractor, and any other persons or firms entitled to make claims by reason of having provided labor, materials, or equipment related to the Work.

The following Schedules are attached and incorporated herein, and made a part of this Application For Payment:

- Schedule 1 Cost Breakdown Schedule
- Schedule 2 Certification of Current Market Value of Securities in Escrow in Lieu of Retention
- Schedule 3 List of Subcontractors (if required)
- Schedule 4 Declaration of Releases of Claims (if required)

\_\_\_\_\_  
 (CM/Contractor)

\_\_\_\_\_  
 (Name)

\_\_\_\_\_  
 (Title)

DECLARATION

I, \_\_\_\_\_, hereby declare that I am the \_\_\_\_\_ of CM/Contractor submitting this Application For Payment; that I am duly authorized to execute and deliver this Application For Payment on behalf of CM/Contractor; and that all information set forth in this Application For Payment and all Schedules attached hereto are true, accurate, and complete as of its date.

I declare, under penalty of perjury, that the foregoing is true and correct and that this declaration was subscribed at

\_\_\_\_\_, \_\_\_\_\_, State of \_\_\_\_\_ on \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
 (Signature)

\_\_\_\_\_  
 (Print Name)

Project Name: { }

Project No.: { }

PROJECT NAME:	_____	APPLICATION NUMBER:	_____
PROJECT NUMBER:	_____	APPLICATION DATE:	_____
FACILITY:	_____	PERIOD TO:	_____
CONTRACT DATE:	_____	CM/CONTRACTOR:	_____

**SCHEDULE 1 TO  
APPLICATION FOR PAYMENT**

**COST BREAKDOWN**

A	B	C	D	E	F	G	H
ITEM NO.	DESCRIPTION OF WORK ACTIVITY OR OTHER ITEM	SCHEDULED VALUE	% COMPLETE TO DATE	TOTAL AMOUNT COMPLETED TO DATE (C x D)	TOTAL AMOUNT COMPLETED ON PRIOR APPLICATION FOR PAYMENT	AMOUNT OF THIS APPLICATION (E - F)	RETENTION (5% x E)

Project Name: { }

Project No.: { }

PROJECT NAME: \_\_\_\_\_  
 CM/CONTRACTOR: \_\_\_\_\_  
 PROJECT NUMBER: \_\_\_\_\_  
 APPLICATION NUMBER: \_\_\_\_\_

SCHEDULE 2  
 TO  
APPLICATION FOR PAYMENT

CERTIFICATION OF CURRENT MARKET VALUE  
 OF SECURITIES IN ESCROW IN LIEU OF RETENTION

As of \_\_\_\_\_, \_\_\_\_\_ (not earlier than 5 days prior to the date of the Application For Payment of which this certification is a part), the aggregate market value of securities on deposit in Escrow

Account No. \_\_\_\_\_ with \_\_\_\_\_  
 (Escrow Agent)

is \_\_\_\_\_ Dollars (\$\_\_\_\_\_).

\_\_\_\_\_  
 (Escrow Agent)  
 By: \_\_\_\_\_  
 (Name)

\_\_\_\_\_  
 (CM/Contractor)  
 By: \_\_\_\_\_  
 (Name)

\_\_\_\_\_  
 (Title)

\_\_\_\_\_  
 (Title)

Date: \_\_\_\_\_

Date: \_\_\_\_\_

NOTE: Notary acknowledgment for CM/Contractor and Escrow Agent must be attached.

Project Name: { }

Project No.: { }

PROJECT NAME: \_\_\_\_\_

CM/CONTRACTOR: \_\_\_\_\_

PROJECT NUMBER: \_\_\_\_\_

APPLICATION NUMBER: \_\_\_\_\_

SCHEDULE 3  
TO  
APPLICATION FOR PAYMENT

LIST OF SUBCONTRACTORS

Subcontractors listed below are all Subcontractors furnishing labor, services, or materials for the period referred to in the Application For Payment referenced above, of which this Schedule 3 is a part:

Design Package	Bid Package	Name of Subcontractor	Subcontracted Work Activity	Date Work Activity Completed

\_\_\_\_\_  
(CM/Contractor)

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Title)

Project Name: { }

Project No.: { }

PROJECT NAME: \_\_\_\_\_

CM/CONTRACTOR: \_\_\_\_\_

PROJECT NUMBER: \_\_\_\_\_

APPLICATION NUMBER: \_\_\_\_\_

SCHEDULE 4  
TO  
APPLICATION FOR PAYMENT

DECLARATION OF RELEASE OF CLAIMS

CM/Contractor hereby certifies that attached hereto are releases and waivers of claims and stop notices from all Subcontractors furnishing labor, services, or materials covered by the Certificate For Payment dated

\_\_\_\_\_, 20\_\_\_\_\_, except those listed below:

\_\_\_\_\_  
(CM/Contractor)

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Title)