

APPENDIX III

CONSTRUCTION & ADMINISTRATION FORMS

(Date)

DELIVERY

(name & address of contractor)

RE: **NOTICE-OF-AWARD** – MIT971516B Nutrient Reduction Wetland Project

Dear (name):

This is to notify you that the Division of Soil Conservation and Water Quality has determined _____ is the successful bidder for the MIT971516B Nutrient Reduction Wetland Project. Award is being made for the base bid of \$_____.

In accordance with Item #9 of the Instructions to Bidders, Document BB, you have fourteen (14) calendar days from the date of receipt of this notice to obtain the Performance Bond, submit your Construction Progress Schedule (*Document JJ*) for review, and execute the Contract. In addition, the Division must be provided with a Certificate of Insurance pursuant to the INSURANCE AND RELATED PROVISIONS of the General Conditions.

Please note that Iowa Code Section 91C.7, requires that all construction contractors awarded a contract to perform work for the state or an agency of the state must be registered with the Iowa Division of Labor. The Division of Soil Conservation and Water Quality cannot execute a contract with your firm unless you provide proof of this registration. Be sure to fill in the Division of Labor registration number blank on the Contract (*Document DD*).

Enclosed are the Contract, Construction Progress Schedule form, and the Performance Bond document. Please complete, sign and return scanned electronic copies along with completed Performance Bond. In addition, we must have the Certificate of Insurance pursuant to the General Conditions and/or Special Conditions.

Congratulations on being the successful bidder. We look forward to working with your company on this project. If you have any questions, please contact Casey Judge, (515) 725-4119.

Sincerely,

Jake Hansen, Chief
Water Resources Bureau
Division of Soil Conservation and Water Quality

/cjj
Enclosures
CC:

(Date)

DELIVERY

(name & address of contractor)

RE: **NOTICE-TO-PROCEED - MIT971516B Nutrient Reduction Wetland Project**

Dear (Name):

The Division of Soil Conservation and Water Quality has received the signed construction contract, the completed Performance Bond, and the Certificate of Insurance from your company. These documents were found to be in order and the Division executed this contract with _____ dated _____, 2021. Executed copies of the contract and performance bond are enclosed.

The Division has accepted the Construction Progress Schedule (*Document JJ*) included here, with a Construction Start Date of _____. A Preconstruction Conference, as required in Item 13 of the Instructions to Bidders, (*Document BB*), must be scheduled with the Division and held prior to the initiation of any work on the site. This Preconstruction Conference must be held within seven (7) days prior to the Construction Start Date established on the Construction Progress Schedule, or earlier if mutually agreed. No work may commence on site prior to the Preconstruction Conference. If the Construction Start Date required adjustment, that need to be communicated to the Engineer and Division in a timely manner so as to facilitate scheduling of the Preconstruction Conference.

In accordance with the Contract, (*Document DD*), _____ must commence work under this contract for the MIT971516B Nutrient Reduction Wetland Project on or before the Construction Start Date scheduled in the Construction Progress Schedule, but not before the Preconstruction Conference. You have until November 12, 2021, to complete all of the work except for seeding, and until December 15, 2021 to complete the seeding.

If you have any questions, please contact Casey Judge at 515-725-4119.

Sincerely,

Jake Hansen, Chief
Water Resources Bureau
Division of Soil Conservation and Water Quality

/cjj
Enclosures
CC:

CONSTRUCTION PROGRESS SCHEDULE
DIVISION OF SOIL CONSERVATION AND WATER QUALITY
STATE OF IOWA

Project ID: MIT971516B

Date: _____

Contractor: _____

Contract End Dates:

All Construction Work Except Seeding: November 12, 2021

Seeding: December 15, 2021

Scheduled Dates:

Anticipated Construction Start Date: _____

Preconstruction Conference Date Range*: _____

**Preconstruction Conference must be held prior to Construction Start Date, by no more than seven (7) days*

Estimated Completion Date for All Work Except Seeding: _____

Final Walkthrough should be held prior to Contract End Date for all construction work except seeding

| Major Construction Work Item(s) | Order of Work | Estimated Duration of Work |
|---|---------------|----------------------------|
| <i>(Items to be established/grouped by Division on an individual project basis)</i> | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Dates established in this schedule may be adjusted as described in Document FF, Paragraph 3-21.

FOR THE CONTRACTOR

(Company Representative)

(Date)

(Name of Company)

(Address of Company)

(City, State, Zip code)

FOR THE DIVISION

Mike Bourland, Water Resources Bureau
Division of Soil Conservation and Water Quality

(Date)

Accepted

Adjustment Requested

If adjustment is requested, describe below:

END OF DOCUMENT JJ

APPLICATION AND CERTIFICATE FOR PAYMENT

TO DIVISION:
 Iowa Division of Soil Conservation and Water Quality
 502 East 9th Street
 Des Moines, IA 50319-0050

FROM CONTRACTOR:
 Contractor Name
 Contractor Address Line 1
 Contractor Address Line 2

PROJECT:
 Bid No.
 Project I.D.
 Date:
 Period To:

| Summary of Approved Change Orders & Contract Amendments | | |
|---|----------|-----------|
| Number | Addition | Deduction |
| | | |
| | | |
| | | |

ENGINEER
 Engineer Name
 Engineer Address Line 1
 Engineer Address Line 2

| Net change by Change Orders and Contract Amendments | \$ - | PAYMENT #1 -Ret DATE | PAYMENT #2 -Ret DATE | PAYMENT #3 -Ret DATE | PAYMENT #4 -Ret DATE | PAYMENT #5 -Ret DATE | PAYMENT #6 - Ret DATE | RETAINAGE ONLY DATE |
|---|------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|--------------------------|------------------------|
| 1. ORIGINAL CONTRACT SUM: | \$ - | | | | | | | |
| 2. Net Changes by Change Orders/Amendments (from table) | \$ - | | | | | | | |
| 3. Contract Sum to Date (Line 1+/-2) | \$ - | | | | | | | |
| 4. Total Completed & Stored to Date (Column G on Continuation Sheet) | \$ - | | | | | | | |
| 5. Retainage (5% of Line 4) | \$ - | | | | | | | |
| 6. Total Earned Less Retainage (Line 4 less Line 5) | \$ - | | | | | | | |
| 7. Previous Certificates For Payment (Line 6 from prior Certificate) | \$ - | | | | | | | |
| 8. Balance to Finish, Plus Retainage (Line 3 less Line 6) | \$ - | | | | | | | |
| 9. Current Payment Due (Line 6 less Line 7) | \$ - | | | | | | | |

The undersigned Contractor certifies that to the best of 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 to Contractor for which previous Certificates for Payment were issued and payments received from the Division and that current payment shown herein is now

By: _____ Date _____
CONTRACTOR

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

By: _____ Date _____
ENGINEER'S CERTIFICATE FOR PAYMENT

AMOUNT CERTIFIED \$ _____

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 Contracting Officer or Contractor under this Contract.

CONTINUATION SHEET FOR APPLICATION AND CERTIFICATE FOR PAYMENT

DOCUMENT SS

PAGE 2 of 2

| A Item No. | B Description of Work | C Scheduled Value | D | | E | | F Materials Presently Stored Not in D or E | G Total Completed & Stored (D+E+F) | H % Complete (G/C) | I Balance to Finish (C-G) |
|------------------------------|--------------------------|----------------------|------------------------------------|-------------|-----------|--|--|--|--------------------------|---------------------------------|
| | | | Work | | Completed | | | | | |
| | | | From Previous Application (D+E) | This Period | | | | | | |
| 1 | Bid Item 1 | \$ - | \$ - | \$ - | | | \$ - | 0% | \$ - | |
| 2 | Bid Item 2 | \$ - | \$ - | \$ - | | | \$ - | 0% | \$ - | |
| 3 | Bid Item 3 | \$ - | \$ - | \$ - | | | \$ - | 0% | \$ - | |
| 4 | Bid Item 4 | \$ - | \$ - | \$ - | | | \$ - | 0% | \$ - | |
| 5 | Bid Item 5 | \$ - | \$ - | \$ - | | | \$ - | 0% | \$ - | |
| 6 | Bid Item 6 | \$ - | \$ - | \$ - | | | \$ - | 0% | \$ - | |
| 7 | Bid Item 7 | \$ - | \$ - | \$ - | | | \$ - | 0% | \$ - | |
| 8 | Bid Item 8 | \$ - | \$ - | \$ - | | | \$ - | 0% | \$ - | |
| 9 | Bid Item 9 | \$ - | \$ - | \$ - | | | \$ - | 0% | \$ - | |
| 10 | Bid Item 10 | \$ - | \$ - | \$ - | | | \$ - | 0% | \$ - | |
| TOTALS FOR PAYMENT #1 | | \$ - | \$ - | \$ - | | | \$ - | 0% | \$ - | |

CHANGE ORDER REQUEST
DIVISION OF SOIL CONSERVATION AND WATER QUALITY
STATE OF IOWA

Change Order Request No. _____
Project ID: MIT971516B Date: _____

Name of Project: MIT971516B
Location of Project: Mitchell County
Name of Contractor: _____
Architect/Engineer: WHKS & Co.
Contract Plan and
Detail Reference: _____
Change Order Request
Drawing No. and Date: _____
Contract Specification
Reference: _____
Description of Change: _____

BREAKDOWN OF CONTRACT COST:

Original Project Contract Amount: \$ _____
Approved Change Orders No. ___ thru ___: \$ _____
Pending Recommended Change Order Requests Nos. ___: \$ _____
This Change Order Request: \$ _____
Resulting Total Recommended Amount: \$ _____

Reason for Contract Change: _____

Change Requested by: _____

(Signature) (Date)

CONTRACTOR APPROVAL

(Company) By: _____ (Signature)

(Address) _____ (Date)

IDALS PROJECT REPRESENTATIVE RECOMMENDATIONS

_____ Concur _____ Recommend Rejection (Attach Explanation)

IDALS Project Representative: _____ (Signature) _____ (Date)

DIVISION OF SOIL CONSERVATION AND WATER QUALITY AUTHORIZATION

Change Order required due to: _____

Immediate authorization to proceed granted: _____ Yes _____ No

APPROVED:

DENIED:

Director
Division of Soil Conservation and Water Quality
Iowa Department of Agriculture
and Land Stewardship

Director
Division of Soil Conservation and Water Quality
Iowa Department of Agriculture
and Land Stewardship

(Date)

(Date)

END OF DOCUMENT HH

State of Iowa
DIVISION OF SOIL CONSERVATION AND WATER QUALITY
Iowa Department of Agriculture and Land Stewardship
MIT971516B Nutrient Reduction Wetland Project Construction Contract Amendment

THIS AMENDMENT, made this _____ day of _____, 2021, by and between the State of Iowa, acting through:

Division of Soil Conservation and Water Quality
Iowa Department of Agriculture and Land Stewardship

hereinafter called the ***DIVISION***, and

(Name of Company)

(Address)

(City, State, Zip)

hereinafter called the ***CONTRACTOR***.

WITNESSETH: That the ***DIVISION*** and the ***CONTRACTOR*** mutually agree to amend the agreement made _____, 2021 for the MIT971516B Nutrient Reduction Wetland Project as described below:

Description of Amendment(s):

Contract Plan Sheet(s) and/or

Detail Reference(s): _____

Contract Construction Specification

Reference(s): _____

Amendment No. _____

Drawing No. and Date: _____

Reason for Revision of

Contract Completion Date: _____

Original Contract Completion Date: _____

Current Contract Completion Date: _____

Revised Contract Completion Date, This Amendment: _____

BREAKDOWN OF AMENDMENT CONTRACT COST BY BID ITEM:

Original Project Contract Amount: \$ _____

Approved Change Orders No. _____ thru _____: \$ _____

Approved Amendments No. _____ thru _____: \$ _____

This Amendment: \$ _____

Resulting Total Amended Contract Amount: \$ _____

IN WITNESS WHEREOF, the parties hereto have executed this Amendment, in the day and year first above mentioned.

FOR THE DIVISION

Julie Kenney, Deputy Secretary
Iowa Department of Agriculture and Land Stewardship

(Date)

FOR THE CONTRACTOR

(Company Representative)

(Date)

(Name of Company)

(Address of Company)

(City, State, Zip Code)

Seal if by a corporation

CONSENT FROM SURETY:

BY: _____
(Surety Representative)

(Name of Surety)

(Date)

END OF DOCUMENT II

IOWA
Department of Revenue
www.state.ia.us/tax

Designated Exempt Entity
Iowa Construction Sales Tax Exemption Certificate

This document may be completed by a designated exempt entity and given to their contractor and/or subcontractor along with an authorization letter. *Seller:* Keep this certificate in your files. *Contractor/Exempt Entity:* Keep a copy of this certificate for your records. **Do not send this to the Department of Revenue**

| | | |
|--|--------------------|--------------------------|
| Designated Exempt Entity Division of Soil Conservation and Water Quality Iowa Department of Agriculture and Land Stewardship | | |
| Address 1 502 East 9th Street | | |
| Address 2 | | |
| City Des Moines | State IA | Zip Code 50319 |
| Construction Project Name MIT971516B Nutrient Reduction Wetland Project | | |
| Construction Project Number (if used) Job No. 21-03 | | |

| | | |
|---|--------------------|--------------------------|
| General Contractor or Subcontractor Name Sample | | |
| Address 1 123 Construction Ave | | |
| Address 2 | | |
| City Diggerville | State IA | Zip Code 55555 |

Description of contract/subcontract (please print/type clearly)

Construction of Nutrient Reduction Wetland.

The named contractor may purchase building materials used in the contract, exempt from sales tax. This exemption does NOT apply to materials, equipment and supplies consumed by the contractor or subcontractor.

Designated Exempt Entity Authorized Agent _____ Date: _____

Authorization Letter From Division of Soil Conservation and Water Quality - Agriculture and Land Stewardship

Pursuant to Iowa Code Sections: 422.42 (16) & (17), and 422.47 (5), you are authorized to purchase construction materials tax free for the contract specified above.

The exemption certificate (or a copy of the certificate) may be provided to the suppliers of your construction materials and will authorize them to sell you the materials exempt from Iowa sales tax and any applicable local option sales tax and school infrastructure local option sales tax. Complete information on qualifying materials can be found at www.state.ia.us/tax, the Department of Revenue (IDR) website.

It is your responsibility to have records identifying the materials purchased and verifying they were used on this contract. Any materials purchased tax-free and not used on the construction project are subject to sales and applicable local option taxes. Should this occur, the tax must be paid directly by you to IDR in the same calendar quarter the project is completed. E-mail the department at: idrf@idrf.state.ia.us if you have questions on this requirement.

Contractors should be aware that use of the certificate to claim exemption from tax for items not used on this project or that do not qualify for exemption could result in civil or criminal penalties.

31-013 (12/10/02)

END OF DOCUMENT QQ