# APPENDIX I

# CONSTRUCTION & ADMINISTRATION FORMS

September 3, 2025

Contractor name and address

Delivery via email: Contractor Email

RE: **NOTICE-OF-AWARD –** Kos952810D Nutrient Reduction Wetland Project, Contract 25-10

Dear _____,

This is to notify you that the Division of Soil Conservation and Water Quality has determined _____ is the successful bidder for the Kos952810D 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 (*Document NN*), submit your Construction Progress Schedule (*Document JJ*) for review, and execute the Contract (*Document DD*). In addition, the Division must be provided with a Certificate of Insurance pursuant to the General Conditions, Insurance and Related Provisions (*Document FF, Part 6-01*).

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 (*Document DD*), Construction Progress Schedule form (*Document JJ*), and the Performance Bond (*Document NN*). 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 Tracy Bruun, (515) 344-6279.

Sincerely,

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

JH/tab
Enclosures
CC:

September 3, 2025

Contractor name and address

Delivery via email: Contractor Email

RE: **NOTICE-TO-PROCEED –** Kos952810D Nutrient Reduction Wetland Project, Contract 25-10

Dear_____,

The Division of Soil Conservation and Water Quality received the signed construction Contract (*Document DD*), the completed Performance Bond (*Document NN*), and the Certificate of Insurance from your company. These documents were found to be in order and the Division executed this contract with _____ dated xx/xx/xxxx. A scanned copy of the executed Contract and Performance Bond are enclosed.

The Division has accepted the Construction Progress Schedule (*Document JJ*) included here, with a Construction Start Date of xx/xx/xxxx. A Preconstruction Conference, as required in Item 13 of the Instructions to Bidders (*Document BB*), must be held within seven (7) days prior to the Construction Start Date established in 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 requires adjustment, that needs 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 _____ must commence work under this contract for the Kos952810D 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 June 15, 2026 to complete all of the work except for seeding, and until June 30, 2026 to complete the seeding.

Also attached is a scanned copy of the Iowa Construction Sales Tax Exempt Certificate and Authorization Letter for this project. Pursuant to Iowa Code Section 423.2(80), this allows you to purchase materials tax free for use on this project. Please read the information provided in the authorization letter. You are authorized with this Notice-to-Proceed to purchase necessary materials for this project and request reimbursement for those items that are stored prior to the Construction Start Date.

If you have any questions, please contact Tracy Bruun, (515) 344-6279.

Sincerely,

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

JH/tab
Attachments
CC:

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

Project ID: Kos952810D Date: _____

Contractor: _____

**Contract End Dates:**

All Construction Work Except Seeding: June 15, 2026

Seeding: June 30, 2026

**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 of 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 |
|---|---|---|
| *(Items to be established/grouped by Division on an individual project basis)* | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

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** **DOCUMENT SS**

*PAGE 1 OF 2*

**TO DIVISION:**

Iowa Division of Soil Conservation and Water Quality
1305 East Walnut Street
Des Moines, IA 50319-0050

**FROM CONTRACTOR:**

Contractor Name

Contractor Address

**ENGINEER:**

Engineer Name

Engineer Address

**PROJECT:**

**Bid No.**

**Project ID**

**Date:**

**Period To:**

**DISTRIBUTION TO:**
DIVISION
CONTRACTOR
ENGINEER

**Summary of Approved Change Orders & Contract Amendments**

| Number | Addition | Deduction |
|---|---|---|
| | | |
| | | |
| | | |
| | | |

**Net change by Change Orders and Contract Amendments** $ -

| | PAYMENT #1 -Ret | PAYMENT #2 -Ret | PAYMENT #3 -Ret | PAYMENT #4 -Ret | PAYMENT #5 -Ret | PAYMENT #6 - Ret | RETAINAGE ONLY |
|---|---|---|---|---|---|---|---|
| | DATE | DATE | DATE | DATE | DATE | DATE | 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 (3% 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 Contact 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**



| A | B | C | D | E | F | G | H | I |
|---|---|---|---|---|---|---|---|---|
| Item No. | Description of Work | Scheduled Value | Work From Previous Application (D+E) | Completed This Period | Materials Presently Stored Not in D or E | Total Completed & Stored (D+E+F) | % Complete (G/C) | Balance to Finish (C-G) |
| 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% | $ - |
| 11 | Bid Item 11 | $ - | $ - | $ - | | $ - | 0% | $ - |
| 12 | Bid Item 12 | $ - | $ - | $ - | | $ - | 0% | $ - |
| 13 | Bid Item 13 | $ - | $ - | $ - | | $ - | 0% | $ - |
| 14 | Bid Item 14 | $ - | $ - | $ - | | $ - | 0% | $ - |
| 15 | Bid Item 15 | $ - | $ - | $ - | | $ - | 0% | $ - |
| 16 | Bid Item 16 | $ - | $ - | $ - | | $ - | 0% | $ - |
| 17 | Bid Item 17 | $ - | $ - | $ - | | $ - | 0% | $ - |
| 18 | Bid Item 18 | $ - | $ - | $ - | | $ - | 0% | $ - |
| 19 | Bid Item 19 | $ - | $ - | $ - | | $ - | 0% | $ - |
| TOTALS FOR PAYMENT #1 | | $ - | $ - | $ - | | $ - | 0% | $ - |

| | |
|---|---|
| **Current Payment Due** | **$ -** |

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

Change Order Request No. _____

Project ID: Kos952810D  Date: _____

---

Name of Project: Kos952810D

Location of Project: Kossuth County

Name of Contractor: _____

Architect/Engineer: Bolton & Menk

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

_____ By:_____
(Company) (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:**

_____
Susan Kozak, Director
Division of Soil Conservation and Water Quality
Iowa Department of Agriculture
and Land Stewardship

_____
(Date)

**DENIED:**

_____
Susan Kozak, Director
Division of Soil Conservation and Water Quality
Iowa Department of Agriculture
and Land Stewardship

_____
(Date)

END OF DOCUMENT HH

*State of Iowa*
*Iowa Department of Agriculture and Land Stewardship*
***DIVISION OF SOIL CONSERVATION AND WATER QUALITY***
*Kos952810D Nutrient Reduction Wetland Project Construction Contract Amendment*

***THIS AMENDMENT***, made this _____ day of _____, 20____, by and between the State of Iowa, acting through:

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

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 the _____day of _____, 20_____, for the Kossuth County Nutrient Reduction Wetland Project (Kos952810D – Bid No. 25-10) in this Amendment Number _____ as described below:

Description of Amendment:
_____
_____
_____

Contract Plan Sheet(s)
and Detail Reference(s): _____

Amendment No. _____
Drawing No. and Date: _____

Contract Specification
Reference(s): _____

Reason for Revision of
Contract Completion Date(s):_____
_____
_____

| | |
|---|---|
| Original Contract Completion Date for All Work Except Seeding: | June 15, 2026 |
| Original Contract Completion Date for Seeding: | June 30, 2026 |
| Current Completion Date for All Work Except Seeding: | |
| Current Completion Date for Seeding: | |
| Revised Completion Date for All Work Except Seeding, This Amendment: | |
| Revised Completion Date for Seeding, This Amendment: | |

**BREAKDOWN OF AMENDMENT CONTRACT COST BY BID ITEM:**

| Item # | Description | Adjustment Quantity | Unit Cost | Total Cost Adjustment |
|---|---|---|---|---|
| | | | $ | $ |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | **TOTAL** | **$** |

| | |
|---|---|
| Original Project Contract Amount: | $ 0.00 |
| Approved Contract Amendments No. ____ through ____: | $ 0.00 |
| Pending Recommended Change Order Requests No. ____ through ____: | $ 0.00 |
| Approved Change Order Requests No. ____ through ____: | $ 0.00 |
| This Amendment Request: | $ 0.00 |
| Resulting Total Recommended Amount: | **$ 0.00** |

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

***FOR THE DIVISION***

**Grant D. Menke,** 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***

(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<br>**1305 East Walnut Street** | | |
| Address 2 | | |
| City<br>**Des Moines** | State<br>**IA** | Zip Code<br>**50319** |
| Construction Project Name<br>**Kos952810D Nutrient Reduction Wetland Project** | | |
| Construction Project Number (if used)<br>**Job No. 25-10** | | |

| General Contractor or Subcontractor Name | | |
|---|---|---|
| **Sample** | | |
| Address 1<br>**123 Construction Ave** | | |
| Address 2 | | |
| City<br>**Dig City** | State<br>**IA** | Zip Code<br>**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)

SAMPLE

END OF DOCUMENT QQ