

FACILITIES AND CONSTRUCTION DEPT (FAC) START-UP PACKAGE

The attached sample documents will guide you through the Construction and Payout phase of the project. All project forms can be found at the Facilities and Construction Website: www.archchicago.org/facilities

INCLUDED:

1. Archdiocese of Chicago (AOC) Pay Request Checklist
 - a. This Checklist is included to serve as a guide to the documents required to process and pay your invoice. (Attached)
 - b. Please note the different document requirements per type of pay request (i.e.. First, Final, First & Final)
2. W9 Taxpayer ID and Certification Form
 - a. Sample attached
 - b. Required from any new vendor or one that has not received payment from AOC within the past 24 months.
3. Certificate of Insurance
 - a. Sample attached
 - b. Contractor to submit prior to any work commencing at time of contract signing
 - c. Required coverage limits by trade are be found on our website "Insurance Requirements" tab:
<https://facilities.archchicago.org/insurance-requirements/contractor>
 - d. Please note that the Catholic Bishop of Chicago and the contracted parish must be listed as "additional insureds" in the Description of Operations box.
 - e. Best practice is to submit a copy of insurance when contract is signed and with every pay request
4. Pay Request Form
 - a. Sample attached and found on our website "Forms" tab:
<https://facilities.archchicago.org/forms-and-resources>
 - b. To be completed by Vendor or Architect (if applicable). FAC Construction Manager (CM) to review **prior** to obtaining pastor's signature.
 - c. Please complete Part A carefully, avoiding math errors by following the alpha summary at each line.
 - d. Enter "Work Performed" dates that match the accompanying invoice
 - e. Please refer to the attached Pay Request Checklist for additional tips
5. Vendor Invoice
 - a. Sample attached.
 - b. Please refer to the Pay Request Checklist for additional tips
 - c. Sample AIA G702 and AIA G703 attached, if applicable.
6. Waivers of Lien
 - a. Sample Partial and Final waiver attached
 - b. Must accompany every invoice reflecting the current contract and payment information
 - c. Carefully complete each waiver form. Refer to attached samples with tips
 - d. Submit Final Waiver at completion of project and final pay request
7. Capital Project Close-out Form
 - a. Sample attached for informational purposes only
 - b. Note documentation that *may be* required at the end of the project. Consult with AOC construction manager.
8. AOC Change Order Form
 - a. Sample attached on our website "Forms" tab: <https://facilities.archchicago.org/forms-and-resources>
 - b. To be completed by vendor and must include supporting backup documentation (T&M tickets, labor, material, equipment breakdown)
 - c. AOC CM to secure all required signatures
 - d. Vendors may not bill against "addition work" without an executed change order on file.

ARCHDIOCESE OF CHICAGO PAY REQUEST DOCUMENT CHECKLIST				
✓ = Required Document ϕ = REFERENCE ALL FORMS AT archchicago.org/facilities	FIRST PAYMENT OF THE CONTRACT	SUBSEQUENT PAYMENTS OF THE CONTRACT	FINAL PAYMENT OF THE CONTRACT	FIRST & FINAL ONLY PAYMENT OF THE CONTRACT
W9 Taxpayer ID & Certification Form	✓			✓
Required of all new contractors				
Required if contractor has not been paid by AOC bank in last 2 years				
Required if any change in vendor information				
CURRENT INSURANCE CERTIFICATE ϕ	✓			✓
Should accompany executed contract				
Must name " Catholic Bishop of Chicago " and " Parish " as additional insureds in Description box				
Insurance coverage must be in place for the entire project construction period				
Insurance certificate to be submitted with executed contract and prior to commencing with work				
Reference appropriate trade sample insurance certificate -- ϕ Contractor ϕ Design Professional ϕ Environmental				
INVOICE	✓	✓	✓	✓
Contractors must provide labor and material breakdown and indicate % work completed. General contractors (GC) must submit AIA G702, G703.				
Include work performed dates for time period invoiced				
Dollar value must exactly match the accompanying waiver and pay request.				
Architect/Consultant invoice must include percent of work completed and yet to be finished (no waiver of lien required)				
ϕ ARCHDIOCESE PAY REQUEST FORM	✓	✓	✓	✓
ϕ Must use form found on website electronic entry will compute automatically				
Dollar value must exactly match the accompanying waiver and invoice				
Must be signed/dated by the Pastor				
Must include work performed dates for time period invoiced and match invoice				
Noted Extra Work or Deduction should match executed change orders (ϕ Change order form can be found on website)				
Note: Change orders cannot be billed until an AOC change order is executed				
Any previous payments must match invoice and waiver of lien				
ϕ PARTIAL WAIVER OF LIEN	✓	✓		
ϕ FINAL WAIVER OF LIEN			✓	✓
Waivers must be filled out properly and entirely				
Invoiced amount is entered numerically and alphabetically in top section.				
Full contract amount (including any executed change order amounts) and previous paid amounts are entered in the lower paragraph and in the table				
Must be signed and notarized				
Final Waiver dollar amount remaining must compute to \$0.00				
Waivers are not required for Architect and Consultant pay requests				
CLOSE OUT DOCUMENTS			✓	✓
Internal Archdiocese Close Out form to be completed by Construction Manager & reviewed/signed by Pastor with scheduled 11 month walk-thru				
Documents required, where applicable:				
Punch List accepted by Parish & Architect				
As Built Drawings				
Substantial Completion form				
Certificate of Occupancy				
Equipment Training with O&M manuals and specifications				
Warranty/Guarantee				
				PRCKLST10032018

Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

► Go to www.irs.gov/FormW9 for instructions and the latest information.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

CONTRACTOR NAME

2 Business name/disregarded entity name, if different from above

DBA: IF ANY

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes

- ☐ Individual/sole proprietor or single-member LLC ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

☐ Other (see instructions) ▶



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/6/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must have **ADDITIONAL INSURED** provisions or be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER HUB International Midwest Limited 1411 Opus Place, Suite 450 Downers Grove IL 60515	CONTACT NAME: PHONE (A/C No. Ext): E-MAIL ADDRESS: CSUConstruction@hubinternational.com	FAX (A/C, No):
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: Cincinnati Insurance Company		10677
INSURER B: Travelers Property Casualty Company of America		25674
INSURER C: Accident Fund General Insurance Company		12304
INSURER D: Lexington Insurance Company		19437
INSURER E:		
INSURER F:		

COVERAGES **CERTIFICATE NUMBER:** 293588856 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> XCU COV. Incl <input checked="" type="checkbox"/> Contractual Liab GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:	Y	ENP0478743	3/8/2018	3/8/2019	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 500,000 PERSONAL & ADV INJURY \$ 10,000 GENERAL AGGREGATE \$ 1,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY		ENP0478743	3/8/2018	3/8/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$ \$0		ENP0478743 ZUP-16N13781-18-NF	3/8/2018 3/8/2018	3/8/2019 3/8/2019	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 OCC/AGG \$ 5MM/\$5MM
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N/A	WCS7500495	3/8/2018	3/8/2019	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A A D	CONTRACTORS EQUIPMENT BUILDERS RISK POLLUTION W/MOLD		ENP0478743 ENP0478743 16360959	3/8/2018 3/8/2018 3/18/2016	3/8/2019 3/8/2019 3/18/2019	LEASED & RENTED ANY ONE JOBSITE \$ 350,000 OCC/AGG \$ 3,000,000 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Re: For All Jobs The Catholic Bishop of Chicago, A Corporation Sole; Parish are additional insureds in respects to the General Liability policy if required by written contract. These insurance policies are primary to any insurance obtained in the Agreement between Owner and Contractor.

WORDING FOR BLANKET INSURANCE

WORDING FOR PROJECT-SPECIFIC INSURANCE

The Catholic Bishop of Chicago, A Corporation Sole and St ___ Parish are listed as additional insureds in regards to the general liability when required by written contract

CERTIFICATE HOLDER

CANCELLATION

The Catholic Bishop of Chicago, A Corporation Sole
835 N. Rush Street
Chicago IL 60611

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

SPD

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ARCHDIOCESE OF CHICAGO

Construction Payout Request



Facilities & Construction Department
835 N Rush Street Chicago, IL 60611
Fax 312-534-9805

4a

Date _____

Vendor Name _____

Address _____

City _____ State _____ Zip _____

Contracted for _____
(type of work)

Parish _____
(Name and Address)

PART A ALL fields and lines must be completed

Original Contract Price	_____	A	
Extra Work	_____	B	
Deduction	_____	C	
Adjusted Contract Price	\$ _____ -	D	TOTAL A+B-C
Total Work Completed to Date	_____	E	
Amount Retained	_____	F	
Sub-Total	\$ _____ -	G	TOTAL E-F
Total Previous Payments	_____	H	
This Payment*	\$ _____ -	*	TOTAL G-H

INVOICED WORK PERFORMED	
FROM:	_____
THRU:	_____

NO PAYOUT WILL BE MADE UNLESS THIS FORM IS ACCOMPANIED BY A WAIVER OF LIEN

PART B

Please Note: The payment accounts must agree with the approved Capital Project funding.

SOURCE OF FUNDS

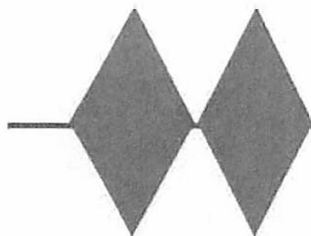
ACCOUNT NUMBER AMOUNT

Building Fund	_____	_____	Parish ID# _____
General Savings	_____	_____	
Millennium Savings	_____	_____	
CD Maturity Date _____	_____	_____	
Endowment (Earnings Only)	_____	_____	
Loan	_____	_____	
Capital Grant	_____	_____	
Noise Abatement Grant	_____	_____	
Major Gift Capital Grant	_____	_____	
Public School Lease	_____	_____	
Big Shoulders Capital Grant	_____	_____	
Millennium Capital Grant	_____	_____	
Other _____	_____	_____	
TOTAL		_____	* Amounts should equal each other

FUNDING APPROVAL	
X	
Pastor	
Date	

PAYEE – PLEASE NOTE:

- All payout request submittals are to be completed and assembled by the Vendor and sent to AOC Construction Manager (CM) and/or Architect prior to pastor review and signature.
 - Payout request forms signed by pastor prior to CM review and approval may cause delays in payment.
- A complete payout request package minimally includes a payout request form, invoice and waiver. Other documents may be required.
 - Vendors are expected to complete Part A of this form and all other forms in their entirety prior to sending to CM.
 - Delays in processing due to errors in documents are vendors' responsibility



WARD CONTRACTING & BUILDING RESTORATION, INC

5117 DANSHER ROAD
COUNTRYSIDE, ILLINOIS 60525
Phone: 708-579-3434
Fax: 708-579-1445

St Parish
Address
Chicago, IL 60600

Invoice No. **6807**
Date October 24, 2018
Customer Order No. Contract dated 3/5/2018
Project No. 0000000
Project St Parish
Belltower Repair

REQUEST FOR 7th PAYMENT

Work Description

For labor and material to complete work to date per our accepted proposal.

Work Performed from 10/1/2018-10/31/2018

ORIGINAL CONTRACT AMOUNT	\$	<u>452,980.00</u>
APPROVED CHANGE ORDERS TO DATE	\$	<u>74,254.00</u>
REVISED CONTRACT AMOUNT	\$	<u>527,234.00</u>

WORK COMPLETED TO DATE	\$	<u>464,884.25</u>
LESS <u>10</u> % RETENTION	\$	<u>46,488.43</u>
NET AMOUNT EARNED	\$	<u>418,395.82</u>
LESS PREVIOUS REQUESTS	\$	<u>351,267.07</u>
AMOUNT OF THIS REQUEST	\$	<u>67,128.75</u>

Office Use Only

JC
WR

Date Pd: _____

APPLICATION AND CERTIFICATE FOR PAYMENT AIA DOCUMENT G702

PAGE ONE OF 3 PAGES

TO OWNER: Archdiocese of Chicago
A Corporation Sole
835 N. Rush Street
Chicago, IL 60611

PROJECT: St. Parish
Bell Tower Repair

APPLICATION NO. 7
PERIOD TO: 10/31/2018
PROJECT NOS.: 7/8/1905
CONTRACT DATE: 3/5/2018

Distribution to:
☐ OWNER
☐ ARCHITECT
☐ CONTRACTOR
☐

FROM CONTRACTOR:

Contracting Inc
Address- City, IL zip

VIA ARCHITECT: ARCHITECT
ADDRESS Rd
City, IL zip

CONTRACT FOR:

CONTRACTOR'S APPLICATION FOR PAYMENT

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

1. **ORIGINAL CONTRACT SUM** \$ 452,980.00
2. **Net Change By Change Orders** \$ 74,254.00
3. **CONTRACT SUM TO DATE** (Line 1 + 2) \$ 527,234.00
4. **TOTAL COMPLETED & STORED TO DATE** \$ 464,884.25
(Column G on G702)
5. **RETAINAGE:**
 - a. 10 % of Completed Work \$ 46,488.43
(Columns D + E on G703)
 - b. 10 % of Stored Material \$ 0.00
(Column F on G703)
Total Retainage (Line 5a / 5b or
Total in Column I of G703) \$ 46,488.43
6. **TOTAL EARNED LESS RETAINAGE** \$ 418,395.82
(Line 4 less Line 5 Total)
7. **LESS PREVIOUS CERTIFICATES FOR PAYMENT** \$ 351,267.07
(Line 6 from prior Certificate)
8. **CURRENT PAYMENT DUE** \$ 67,128.75
9. **BALANCE TO FINISH, INCLUDING RETAINAGE**
(Line 3 less Line 6) \$ 108,838.18

CHANGE ORDER SUMMARY	ADDITIONS	DEDUCTIONS
Total changes approved in previous months by Owner	69,439.00	0.00
Total approved this Month	4,815.00	0.00
TOTALS	74,254.00	0.00
NET CHANGES by Change Order	74,254.00	

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.

CONTRACTOR:

By: _____

Date: 10/24/2018

State of: Illinois
County of: Cook
Subscribed and sworn to before
me this 24th day of October 2018

Notary Public: _____



ARCHITECT'S CERTIFICATE FOR PAYMENT

In accordance with the Contract Documents, based on on-site observations and the data comprising this 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

\$ 107,128.75

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

ARCHITECT:

By: _____

Date: OCT 24, 2018

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.

Facsimile of 702-1992

CONTINUATION SHEET

AIA DOCUMENT G703

5c

AIA Document G702, APPLICATION AND CERTIFICATE FOR PAYMENT, containing

APPLICATION NUMBER: 7

Contractor's signed Certification is attached.

APPLICATION DATE: 10/24/2018

In tabulations below, amounts are stated to the nearest dollar.

PERIOD TO: 10/31/2018

Use column I on contracts where variable retainage for line items may apply.

ARCHITECT'S PROJECT NO.: 2016.6597

A ITEM NO.	B DESCRIPTION OF WORK	C SCHEDULED VALUE	D WORK COMPLETED		F MATERIALS PRESENTLY STORED (NOT IN D OR E)	G		H BALANCE TO FINISH (C - G)	I RETAINAGE
			FROM PREVIOUS APPLICATION (D + E)	THIS PERIOD		TOTAL COMPLETED AND STORED TO DATE (D + E + F)	% (G/C)		
1	General Conditions	201,375.00	171,168.75	21,956.25	0.00	193,125.00	96%	8,250.00	19,312.50
2	Structural Bracing at Belfry	31,795.00	31,795.00	0.00	0.00	31,795.00	100%	0.00	3,179.50
3	Crack Repairs	7,100.00	0.00	0.00	0.00	0.00	0%	7,100.00	0.00
4	Loose Stone Unit Repairs	4,700.00	940.00	0.00	0.00	940.00	20%	3,760.00	94.00
5	Removal or Repair of Spalled Stone Masonry	5,800.00	5,800.00	0.00	0.00	5,800.00	100%	0.00	580.00
6	Isolated Limestone Replacement	11,900.00	595.00	0.00	0.00	595.00	5%	11,305.00	59.50
7	Isolated Brick Replacement	800.00	0.00	0.00	0.00	0.00	0%	800.00	0.00
8	Brick Masonry Rebuild	4,250.00	0.00	0.00	0.00	0.00	0%	4,250.00	0.00
9	Helical Anchors	2,000.00	2,000.00	0.00	0.00	2,000.00	100%	0.00	200.00
10	Repointing	7,200.00	3,864.00	0.00	0.00	3,864.00	54%	3,336.00	386.40
11	Sealant Joints	4,800.00	0.00	0.00	0.00	0.00	0%	4,800.00	0.00
12	Belfry Roof Repairs	9,785.00	9,785.00	0.00	0.00	9,785.00	100%	0.00	978.50
13	Base of Upper Belfry Level	38,710.00	38,710.00	0.00	0.00	38,710.00	100%	0.00	3,871.00
14	Roof at Base of Flying Buttresses	77,530.00	40,065.00	37,465.00	0.00	77,530.00	100%	0.00	7,753.00
15	Diverter at Base of Sloping at Gable	3,235.00	0.00	0.00	0.00	0.00	0%	3,235.00	0.00
16	Heat Trace Systems	23,775.00	0.00	13,076.25	0.00	13,076.25	55%	10,698.75	1,307.63
17	Replacement of Access Ladder at Belfry	3,955.00	3,955.00	0.00	0.00	3,955.00	100%	0.00	395.50
18	Repair of Access Stairs at Bell Tower	9,000.00	9,000.00	0.00	0.00	9,000.00	100%	0.00	900.00
19	Repairs at Piers Between Windows at Bell Tower	5,270.00	5,270.00	0.00	0.00	5,270.00	100%	0.00	527.00
20	Change Order # 1	24,499.00	24,499.00	0.00	0.00	24,499.00	100%	0.00	2,449.90
21	Change Order # 2	30,735.00	30,735.00	0.00	0.00	30,735.00	100%	0.00	3,073.50
22	Change Order # 3	8,615.00	8,615.00	0.00	0.00	8,615.00	100%	0.00	861.50
23	Change Order # 4	5,590.00	3,500.00	2,090.00	0.00	5,590.00	100%	0.00	559.00
24	Change Order # 5	4,815.00	0.00	0.00	0.00	0.00	0%	4,815.00	0.00
	Totals	527,234.00	390,296.75	74,587.50	0.00	464,884.25	88%	62,349.75	46,488.43

WAIVER OF LIEN TO DATE

STATE OF ILLINOIS) SS
COUNTY OF COOK) SS
TO WHOM IT MAY CONCERN

Gty # _____
Loan # _____

WHEREAS the undersigned has been employed by St. Parish
to furnish Belltower Repairs
for the premises known as St. Parish
of which The Catholic Bishop of Chicago, a Corporation Sole is the owner.

The undersigned, for and in consideration of Sixty-Seven Thousand One Hundred Twenty-Eight 75/100

(\$ 67,128.75) Dollars, and other good and valuable consideration, the receipt whereof is hereby acknowledged, do(es) hereby waive and release any and all lien or claim of, or right to, lien, under the statutes of the State of Illinois, relating to mechanics' liens, with respect to and on said above-described premises, and the improvements thereon, and on the material, fixtures, apparatus or machinery furnished, and on the moneys, funds or other considerations due or to become due from the owner, on account of labor, services, material, fixtures, apparatus or machinery, furnished to this date by the undersigned for the above-described premises, INCLUDING EXTRAS*

Date: 10/24/2018

Company Name Contracting Inc.
Address: ADDRESS, IL ZIP

Signature and Title:

Vice President

*EXTRAS INCLUDE BUT ARE NOT LIMITED TO CHANGE ORDERS, BOTH ORAL AND WRITTEN, TO THE CONTRACT

CONTRACTOR'S AFFIDAVIT

STATE OF ILLINOIS) SS
COUNTY OF COOK) SS
TO WHOM IT MAY CONCERN:

THE undersigned, being duly sworn, deposes and says that he is

- Vice President

of Contracting Inc.

who is the contractor for the Belltower Repairs work on the

building located at ADDRESS Chicago, IL 60644

owned by The Catholic Bishop of Chicago, a Corporation Sole

That the total amount of the contract including extras* is \$ 527,234.00 on which he has received payment of \$ 351,267.07

prior to this payment. That all waivers are true, correct and genuine and delivered unconditionally and that there is no claim either legal or equitable to defeat the validity of said waivers. That the following are the names of all parties who have furnished material or labor, or both for said work and all parties having contracts or sub-contracts for specific portions of said work or for material entering into the construction thereof and the amount due or to become due to each, and that the items mentioned include all labor and material required to complete said work according to plans and specifications:

NAMES	WHAT FOR	CONTRACT PRICE including extras*	AMOUNT PAID	THIS PAYMENT	BALANCE DUE
Contracting Inc.	Belltower Repairs	\$400,009.00	\$294,987.07	\$30,705.75	\$74,316.18
Sheet Metal Co. Inc	Sheet Metal	\$127,225.00	\$56,280.00	\$36,423.00	\$34,522.00

~~All labor and material taken from full paid stock and delivered to jobsite in company owned vehicles~~

~~LABOR AND MATERIAL INCLUDING EXTRAS* TO COMPLETE \$527,234.00 \$351,267.07 \$67,128.75 \$108,838.18~~

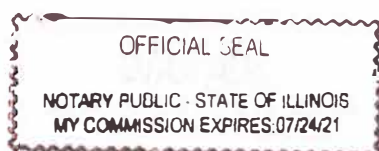
~~That there are no other contracts for said work outstanding, and that there is nothing due or to become due to any person for material, labor or other work of any kind done or to be done upon or in connection with said work other than above stated.~~

Signed this 24th day of October, 2018

Signature

Subscribed and sworn to before me on this 24th day of October, 2018

*EXTRAS INCLUDE BUT ARE NOT LIMITED TO CHANGE ORDERS, BOTH ORAL AND WRITTEN, TO THE CONTRACT



Handwritten signature of Notary Public

FINAL WAIVER

6d

STATE OF ILLINOIS) SS
COUNTY OF COOK) SS
TO WHOM IT MAY CONCERN

Gty # _____
Loan # _____

WHEREAS the undersigned has been employed by St. Parish
to furnish Belltower Repairs
for the premises known as St. Parish
of which The Catholic Bishop of Chicago, a Corporation Sole is the owner.

The undersigned, for and in consideration of One hundred Eight Thousand Eight Hundred Thirty-Eight 18/100

(\$ \$108,838.18) Dollars, and other good and valuable consideration, the receipt whereof is hereby acknowledged, do(es)
hereby waive and release any and all lien or claim of, or right to, lien, under the statutes of the State of Illinois, relating to mechanics' liens, with respect to and on said above-described
premises, and the improvements thereon, and on the material, fixtures, apparatus or machinery furnished, and on the moneys, funds or other considerations due or to become due from the
owner, on account of labor, services, material, fixtures, apparatus or machinery, furnished to this date by the undersigned for the above-described premises, INCLUDING EXTRAS*

Date: 10/24/2018

Company Name Contracting Inc.
Address: ADDRESS, IL ZIP

Signature and Title:

Vice President

*EXTRAS INCLUDE BUT ARE NOT LIMITED TO CHANGE ORDERS, BOTH ORAL AND WRITTEN, TO THE CONTRACT

CONTRACTOR'S AFFIDAVIT

STATE OF ILLINOIS) SS
COUNTY OF COOK) SS
TO WHOM IT MAY CONCERN:

THE undersigned, being duly sworn, deposes and says that he is

- Vice President

of Contracting Inc.

who is the contractor for the Belltower Repairs work on the

building located at ADDRESS Chicago, IL ZIP

owned by The Catholic Bishop of Chicago, a Corporation Sole

That the total amount of the contract including extras* is \$ 527,234.00 on which he has received payment of
\$ 385,898.82 prior to this payment. That all waivers are true, correct and genuine and delivered unconditionally and that

there is no claim either legal or equitable to defeat the validity of said waivers. That the following are the names of all parties who have furnished material or labor, or both for
said work and all parties having contracts or sub-contracts for specific portions of said work or for material entering into the construction thereof and the amount due or to
become due to each, and that the items mentioned include all labor and material required to complete said work according to plans and specifications:

NAMES	WHAT FOR	CONTRACT PRICE including extras*	AMOUNT PAID	THIS PAYMENT	BALANCE DUE
Contracting Inc.	Belltower Repairs	\$400,009.00	\$325,692.82	\$74,316.18	\$0
Sheet Metal Co. Inc	Sheet Metal	\$127,225.00	\$59,903.00	\$34,522.00	\$0

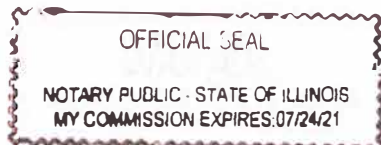
All labor and fruit ~~as full and~~ All material taken from full paid stock and delivered to jobsite in com TOTAL in owned vehicles
LABOR AND MATERIAL INCLUDING EXTRAS* TO COMPLETE \$527,234.00 \$385,898.82 \$108,838.18 \$0
That there are no other contracts for said work outstanding, and that there is nothing due or to become due to any person for material, labor or other work of any kind done or to be done
upon or in connection with said work other than above stated.

Signed this 24th day of October, 2018

Signature

Subscribed and sworn to before me on this 24th day of October, 2018

*EXTRAS INCLUDE BUT ARE NOT LIMITED TO CHANGE
ORDERS, BOTH ORAL AND WRITTEN, TO THE CONTRACT



[Handwritten Signature]



CAPITAL PROJECT CLOSE OUT

PROJECT CLOSE-OUT PACKAGE SUMMARY									
PARISH: ST PARISH						DATE: 5/4/2018			
ADDRESS: ADDRESS					CITY/ZIP: CHICAGO 60667				
CONTRACTOR: VENDOR						CONTRACT END DATE: 10.30.18			
ARCHITECT: N/A						CONTRACT END DATE:			
PROJECT/BUILDING: WINDOW REPLACEMENT									
LAWSON PROJECT CODE:		C	7	0000	M	WI	01	WI	1
<div style="border: 2px dashed red; border-radius: 15px; padding: 10px; display: inline-block;"> DOCUMENTS REQUIRED: </div>						MISSING	RECEIVED	N/A	
*PUNCH LIST (COMPLETED AND ACCEPTED BY PARISH AND ARCHITECT)								*	
*AS BUILT DRAWINGS								*	
*ARCHITECT'S SUBSTANTIAL COMPLETION FORM								*	
*CERTIFICATE OF OCCUPANCY								*	
*EQUIPMENT TRAINING (WITH MANUALS & SPECIFICATIONS)								*	
*WARRANTY				Standard 1-year			*		
				Manufacturers' (attach)					
*FINAL WAIVER(S)							*		
*11th MONTH WALK-THRU SCHEDULED								*	
						DATE:	YES	NO	
By signing below, I hereby confirm that I have reviewed the work performed and that the contractor has satisfied the terms of the construction contract.									
CONSTRUCTION MANAGER:						STEVE GROSS			
SIGNATURE:						DATE: 10/30/2018			
By signing below, I hereby confirm that I am satisfied with the work performed and approved the release of final contractor payment(s).									
PASTOR:						Rev. Pastor			
SIGNATURE:						DATE: 10/30/2018			
COMMENTS:									

ARCHDIOCESE OF CHICAGO



CHANGE ORDER

THIS DOCUMENT HAS IMPORTANT LEGAL CONSEQUENCES. CONSULTATION WITH AN ATTORNEY IS ENCOURAGED WITH RESPECT TO ITS COMPLETION OR MODIFICATION

PROJECT		AOC PROJECT ID: C 7project code	
LOCATION NAME:		CHANGE ORDER NUMBER: 1	
ST PARISH		DATE: October 31, 2018	
ADDRESS:		ARCHITECT PROJECT NUMBER: n/a	
STREED ADDRESS		CONTRACT DATE: June 22, 2018	
CITY, ST ZIP		CONTRACT FOR:	
CONTRACTOR		Install new HVAC	
NAME:		REASON FOR CHANGE ORDER:	
NAME OF CONTRACTOR		<input type="checkbox"/> UNFORSEEN <input type="checkbox"/> SCOPE GAP	
ADDRESS:		<input checked="" type="checkbox"/> OWNER CHANGE <input type="checkbox"/> OTHER	
STREET ADDRESS		<input type="checkbox"/> DESIGN OMISSION DESCRIBE OTHER:	
CITY, ST ZIP			
THE CONTRACT IS CHANGED AS FOLLOWS:			
Replace onboard thermostatic control with new stats with wireless averaging sensors.			
NOT VALID UNTIL SIGNED BY THE ARCHITECT, CONTRACTOR AND OWNER.			
The original Contract sum:		\$	129,427.00
Net change by previously authorized Change Orders:		\$	
The Contract sum prior to this Change:		\$	129,427.00
The Contract sum will be increase by:		\$	1,940.00
or			
The Contract sum will be decrease by:		\$	
or			
The Contract sum will be unchanged:		\$	
The Contract sum including Change is:		\$	131,367.00
The Contract Time will be (increased, decreased or unchanged) by:		Number of days:	
The Substantial Completion as of the date of this Change Order is:		12/30/18	
NOTE: This summary does not reflect changes in the Contract Sum, Contract Time which have been authorized by construction Change Directive.			
X	X	X	X
PLEASE PRINT NAME OF SIGNER	PLEASE PRINT NAME OF SIGNER	PLEASE PRINT NAME OF SIGNER	PLEASE PRINT NAME OF SIGNER
			Eric Wollan
ARCHITECT	CONTRACTOR	PARISH	OWNER
NAME	NAME	ST PARISH	ARCHDIOCESE OF CHICAGO
ADDRESS	ADDRESS	ADDRESS	ADDRESS
	ADDRESS HERE	ADDRESS HERE	835 N Rush Street
	CITY, IL 60000	CITY, IL 60000	Chicago, IL 60611
DATE	DATE	DATE	DATE
EMAIL ADDRESS OF SIGNER	EMAIL ADDRESS OF SIGNER	EMAIL ADDRESS OF SIGNER	EMAIL ADDRESS OF SIGNER
EMAIL ADDRESS HERE	EMAIL ADDRESS HERE	EMAIL ADDRESS HERE	