

April 17, 2023

#### MEMORANDUM

**TO:** Jim Murdaugh, Ph.D.

President

**FROM:** Barbara Wills, Ph.D.

Vice President for Administrative Services and Chief Business Officer

**SUBJECT**: Certificate of Final Inspection – Student Union 1st Floor Renovations

#### **Item Description**

This item requests approval from the District Board of Trustees for the attached Certificate of Final Inspection, Office of Educational Facilities Form 209, for the TCC Student Union 1st Floor Renovations Project, located in the Student Union (SU) Building #35 on TCC Main Campus - Site 1.

#### Overview and Background

In accordance with *TCC Board Policy 6340 - Reduction of Retainage and Final Payment to Contractor for Construction Projects* and the *State Requirements for Educational Facilities (SREF) Chapter 4 Section 3*, final payment cannot be made to the contractor until; project has been inspected by architect or other designated personnel, Certificate of Occupancy and/or Certificate of Final Inspection has been issued, project has been completed and is Board approved. The Construction Manager at Risk for this project, Mad Dog Construction, has completed all required close-out documents and has confirmed the space is in full operation.

#### **Funding/Financial Implications**

This construction contract was funded by Federal HEERF II & ARP Institutional Grant. The construction project is complete and final payment to the contractor is contingent upon Board Approval.

#### Past Actions by the Board

The Board previously approved the Guaranteed Maximum Price (GMP) for this project at the February 21, 2022 District Board of Trustees meeting.

#### **Recommended Action**

Approve the attached Certificate of Final Inspection, Office of Educational Facilities Form 209, authorizing final payment to contractor, Mad Dog Construction, for the TCC Student Union 1st Floor Renovations Project.

# FLORIDA DEPARTMENT OF EDUCATION Office of Educational Facilities

### **CERTIFICATE OF FINAL INSPECTION**

|                        |   | <u> </u>                              | - · · · · · · · · · · · · · · · · · · ·                          |  |                           |
|------------------------|---|---------------------------------------|--|--|---------------------------|
| TO:                    | Office of Educational Fa  | cilities (OEF)                        |  | OEF U  | SE ONLY                   |
|                        | 325 West Gaines Street  |                                       |  |  |                           |
|                        | Tallahassee, Florida 32   | 399-0400                              |  |  |                           |
|                        | (850) 245-0494  |                                       |  |  |                           |
|                        | Fax (850) 245-9236 or (8  |                                       |  |  |                           |
|                        |   |                                       | mpleted form for all projects                                    |  |                           |
|                        |   |                                       | appropriate term within the                                      |  |                           |
|                        | neses. Reproduce this id<br>7(2)(c), F.S.   | orm in Sumcient quanti                | ty for your use. Section   |  |                           |
| 1010.0                 | (2)(3), 1 :3:   |                                       |  |  |                           |
| RE                     | <u>+</u> 4665-1   |                                       |  | OEF  | - Assigned Project Number |
|                        | TALLAHASSE COMM   |                                       |  |  |                           |
|                        | MAIN CAMPUS - SIT   | ————————————————————————————————————— |  |  |                           |
|                        | 27  |                                       |  | ·  | ,                         |
|                        |   |                                       |  | (\(\begin{array}{c} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \    | I x College) Code Number  |
|                        | Student Union 1st Floor   | Social Distancing Improv              | vements  |  | Description of Project    |
| SECTIO                 | N A: BOARD'S ACCEPTANCE   |                                       |  |  |                           |
|                        |   | ect (x Architect  Engineer            | ) as certified in Section B below                                | , in accordance with   | Chapter 1013, F.S., THE   |
|                        |   |                                       | ,  |  | ,                         |
| Name (                 | Type or Print)  |                                       |  |  |                           |
| Cianotu                | ***   |                                       | Data   |  |                           |
| Signatu                | re:(□ Super   | intendent   President)                | Date:  |  | ,                         |
| SECTIO                 | N B: (  ARCHITECT   ENGINE  |                                       |  |  |                           |
|                        |   |                                       | is project and, in my considered                                 | professional opinion.  | the work required by the  |
| contract               | t for this project has been comp  | leted in accordance with appl         | oved contract documents; Chapte                                  |  |                           |
|                        | r 553, F.S.; and the Florida Build  | /// /. ~ / /                          | Data   | Marc   | ch 29, 2023               |
|                        | re:   | Med &                                 | ) Date   | Iviait   | 711 25, 2025              |
| Firm Na                | ame:BKJ, Inc  |                                       |  |  |                           |
| Address                | s: _1621 Physicians Drive   |                                       | Tallahassee  | Florida  | 32308                     |
|                        | Street/P.   | O. Box                                | City   | State  | Zip                       |
| SECTIO                 | N C: 🛭 Building Official 🗆 Other  | (Specify) Certification               |  |  |                           |
|                        |   |                                       | lete and in accordance with applic                               |  | nd codes.                 |
|                        |   |                                       |  |  |                           |
| Name (                 | Type or Print)"Trey" G.F. Ki  | mbrel III, BU 2140                    |  |  |                           |
|                        |   | , ,                                   |  |  |                           |
| 0:                     | Tranki  | MANAU                                 | <b>D</b>   | 3/30/2023  |                           |
| Signatu                |   |                                       |  | ate: 3/30/2023   | ,                         |
|                        | 🗸 🛽 Buildi  | ng Official                           |  | ate: <u>3/30/2023</u>  | ,                         |
| SECTIO                 | ✓ ⊠ Buildi<br>N D: FACILITY INFORMATION   | ng Official   Certified Inspe         | ctor   |  | ,,                        |
| SECTION<br>1. TY       | N D: FACILITY INFORMATION.  VPE OF PROJECT: □ New Pla                                     | ng Official   Certified Inspe         | ctor  'SPACE INVENTORY REPORT"                                   | (land, building, room) I                                     |                           |
| SECTIOI<br>1. TY       | N D: FACILITY INFORMATION.  VPE OF PROJECT: □ New Pla  Addition □ Remode                  | ng Official   Certified Inspe         | ctor   |  |                           |
| SECTIOI<br>1. TY       | M D: FACILITY INFORMATION  (PE OF PROJECT:   Addition   Removation   M Buildi  M Remode   | ng Official □ Certified Inspe         | ctor<br>'SPACE INVENTORY REPORT"                                 | (land, building, room) F                                     |                           |
| SECTIOI<br>1. TY       | M D: FACILITY INFORMATION.  (PE OF PROJECT: □ New Planch Addition □ Remode                | ng Official □ Certified Inspe         | ctor  'SPACE INVENTORY REPORT"                                   | (land, building, room) F                                     |                           |
| SECTION  1. TY         | M D: FACILITY INFORMATION  (PE OF PROJECT:   Addition   Removation   M Buildi  M Remode   | ng Official                           | ctor<br>'SPACE INVENTORY REPORT"                                 | (land, building, room) F<br>If "No," explain:<br>,942,488.22 |                           |
| SECTION  1. TY   3. SC | M D: FACILITY INFORMATION.  VPE OF PROJECT: □ New Plance  Addition □ □ □  DURCE OF FUNDS: | ng Official                           | SPACE INVENTORY REPORT"  Yes INO IN/A  NAL CONTRACT AMOUNT: \$ 1 | (land, building, room) He If "No," explain: 942,488.22       |                           |

## **CERTIFICATE OF FINAL INSPECTION (CFI)**

| rect Purchase amounts).  C.O. No. | \$       |
|-----------------------------------|----------|
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| C O No                            |          |
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| C.O. No.                          | \$       |
|                                   |          |
|                                   | C.O. No. |

OEF 209 Rule 6A-2.0010, FAC