

November 16, 2015

MEMORANDUM

TO: District Board of Trustees

FROM: Jim Murdaugh, President

SUBJECT: Certificate of Final Inspection for the FPSI Berm Remediation Project

Item Description

This item requests Board approval of the Certificate of Final Inspection, Office of Educational Facilities (OEF) Form 209, for the FPSI Berm Remediation Project.

Overview and Background

In support of Board Policy 11-12, Reduction of Retainage for Construction, Renovation and Remodeling Projects, TCC staff developed Administrative Procedure 11-12AP. By this procedure, the College will complete OEF Form 209 for projects with a construction value of more than \$250,000 and provide the form to the Board for approval.

The Construction Manager for the Berm Remediation project has completed all close out documents and the firing range is in full operation. The Construction Manager achieved \$5,426.71 in savings for the project which is attached as Change Order No. 2.

Past Actions by the Board

The Board approved Change Order No. One, extending the final completion date of the project to October 15, 2015 at the October meeting.

Funding/Financial Implications

The construction project is complete. Final payment to the contractor is contingent upon Board approval.

Staff Resource

Barbara Wills

Recommended Action

Approve the Certificate of Final Inspection, OEF Form 209, for the FPSI Berm Remediation project.

FLORIDA DEPARTMENT OF EDUCATION Office of Educational Facilities

CERTIFICATE OF FINAL INSPECTION

		OLIVINIONIE OF THINKE INTOFECTIO	<u> </u>				
		al Facilities (OEF)	OEF USE ONLY				
	Vest Gaines S						
	nassee, Florid 245-0494,						
		or (850) 245-9304					
		ne copy of the completed form for all projects with					
construction costs exceedi	ling \$300,000. I	Mark the appropriate term within the parentheses.					
Reproduce this form in suf	fficient quantity	for your use. Section 1013.37(2)(c), F.S.					
RE: Click here to en		OEF Assigned Project Number					
Tallahassee Co	mmunity College	(☐ School District ☒ Community College)					
Florida Public Safety Institute			(☐ School Name ☒ Campus)				
217			(☐ School ☒ College) Code Number				
Lead Reclamation	ion		Description of Project				
SECTION A: BOARD'S ACCE	EDTANCE						
		Architect	w in accordance with Chapter 1013 E.S. THE				
BOARD ACCEPTED the abov	ve-referenced pr	oject on Click here to enter a date.	With absorbance with chapter 1010, 1.0., THE				
Name (Type or Print) Click he	ere to enter text.						
	<u> </u>						
Signature:	(□ Superintend	Date: □ President)					
	(Oupenment	Jene I resident)					
SECTION B: (☐ ARCHITECT							
As PROJECT (ARCHITEC	CT MENGINEE	R), I have inspected this project and, in my considered	professional opinion, the work required by the				
contract for this project has been completed in accordance with approved contract documents; Chapter 1013, Florida Statutes, Rule 6A-2.0010, FAC, Chapter 553, FS, and the Florida Building Gode.							
Signature:	WM	Date:	15 Oct 2015				
Firm Name: George and Ass	sociates						
<i>V</i>							
Address: 1967 Commony	wealth Lane, Sur Street/P.O. Box	te 200, Tallahassee, Florida 32303 City	State Zip				
			Otato Zip				
SECTION C: Building Officia	ial □ Other (Spe	cify) Certification Click here to enter number.					
I have inspected the project ar	nd, in my conside	ered opinion, it is complete and in accordance with applic	able statutes, rules, and codes.				
Name (Type or Print) W. B. H	lunter Jr.						
Signature:	वियक्तिया नि	te: 10/13/2015					
	Building Off	icial Certified Inspector					
SECTION D: FACILITY INFOR	MATION						
	New Plant	2. CORRECTED "SPACE INVENTORY REPORT" (Ia	and building room) HAS BEEN CILED WITH				
	Remodeling	THE OEF: □ Yes □ No ☑ N/A	If "No," explain: Click here to enter text.				
	☑ Maintenance	2100 210 210,X	11 110, Capitalli. Glick Here to enter text.				
3. SOURCE OF FUNDS:		4. ADJUSTED FINAL CONTRACT AMOUNT:	\$ 439,476.29				
□Local	☑ State	N/ASQ, FT.					
	text.						
		U. COST FER GROSS SQUARE FUUT.	\$ <u>N/A</u>				
		7. COST PER STUDENT STATION: \$	N/A				

DOE Page 1 of 2

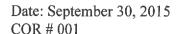
CERTIFICATE OF FINAL INSPECTION (CFI)

8. BUILDING CONTRACT DATE: Click here to enter a date. COMPLETION DATE: 6/5/2015							
9. CHANGE ORDERS - List of each	Change Order and amount:						
C.O. No. <u>1</u>	\$ <u>Time only</u>	C.O. No.	Click here to enter text.	\$ Click here to enter text.			
C.O. No. <u>2</u>	\$ <u>(5,426.71)</u>	C.O. No.	Click here to enter text.	\$ Click here to enter text.			
C.O. No. Click here to enter text.	\$ Click here to enter text.	C.O. No.	Click here to enter text.	\$ Click here to enter text.			
C.O. No. Click here to enter text.	\$ Click here to enter text.	C.O. No.	Click here to enter text.	\$ Click here to enter text.			

10. Date of Occupancy: 6/8/201511. Additional Information:

Click here to enter text.

OEF 209





CHANGE ORDER REQUEST FORM

444 Appleyard Drive, Tallahassee Florida, 32304—102A, SS bldg.—Ph: 850/201-8011 Fax: 850/201-8027

This form is to be used for requesting a change to the scope of work of an existing project or the duration of time to an existing contract. Upon acceptance of the request a modification may be made to the purchase order, contract or both. This request does not constitute a change order until signed and accepted by the College.

Project Name:

FPSI Lead Remediation 2015 Project

Requestor's Name:

Tallahassee Community College

PO# or Project#:

PJ-0026

Date Needed:

9/30/2015

Reference Documents: (attach copies of all back-up documentation)

Architectural Supplemental Instruction # N/A

Date: N/A

Request for Information #

Date: N/A

Construction Change Directive #

N/A Date: N/A

Scope of Work Summary: (attach additional sheets if needed)

Return final funds

Impact to Project:

Additional Calendar Days Required:

Original Substantial Completion Date:

6/5/2015

New Substantial Completion Date:

6/5/2015

New Final Completion Date

10/15/2015

Summary of Impact: (attach additional sheets if needed)

All work was completed on schedule, see attached timeline for extension request for final accounting as requested.

Cost Summary:

Original Contract Sum:

\$ 444,903.00

Net of Previous Change Orders:

\$ 0.00

Contract Sum to Date:

\$ 444,903.00

Amount of this Change Order:

\$ 0.00

New Contract Amount:

\$ 444,903.00

Authorizations:

Contractor:

PM, CSI

Date: 9/30/2015

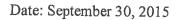
Design Professional:

Date: 9/30/2015

Construction Coordinator:

Date: Click light 20 lenter a date.

Date: 10/28/15





CHANGE ORDER REQUEST FORM

COR # 002

444 Appleyard Drive, Tallahassee Florida, 32304—102A, SS bldg.—Ph: 850/201-8011 Fax: 850/201-8027

This form is to be used for requesting a change to the scope of work of an existing project or the duration of time to an existing contract. Upon acceptance of the request a modification may be made to the purchase order, contract or both. This request does not constitute a change order until signed and accepted by the College.

<u>Proj</u>	ect	Na	me	

FPSI Lead Remediation 2015 Project

Requestor's Name:

Tallahassee Community College

PO# or Project#:

PJ-0026

Date Needed:

9/30/15

Reference Documents: (attach copies of all back-up documentation)

Architectural Supplemental Instruction # N/A Request for Information # N/A

Date: N/A Date: N/A

Construction Change Directive #

N/A Date: N/A

Scope of Work Summary: (attach additional sheets if needed)

Return final funds

Impact to Project:

Additional Calendar Days Required:

6/5/2015

Original Substantial Completion Date: New Substantial Completion Date:

6/5/2015

New Final Completion Date

10/15/2015

Summary of Impact: (attach additional sheets if needed)

Click here to enter text.

Cost Summary:

Original Contract Sum:

\$ 444,903.00

Net of Previous Change Orders:

\$ 0.00

Contract Sum to Date: Amount of this Change Order: \$ 444,903.00 \$ <5,426.71>

New Contract Amount:

\$ 439,476.29

Authorizations:

Contractor:

Date: 10/14/15

Design Professional:

Date: 10/14/2015

Construction Coordinator:

Account Manager:

Date: 10/28/15