




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

TO: Office of Educational Facilities (OEF) 325 West Gaines Street, Room 1054 Tallahassee, Florida 32399-0400 (850) 245-0494, Fax (850) 245-0494 or (850) 245-9304	OEF USE ONLY
INSTRUCTIONS: Submit for OEF files one copy of the completed form for all projects with construction costs exceeding \$300,000. Mark the appropriate term within the parentheses. Reproduce this form in sufficient quantity for your use. Section 1013.37(2)(c), F.S.	

RE: Click here to enter text. OEF Assigned Project Number

Tallahassee Community College (School District Community College)

Florida Public Safety Institute (School Name Campus)

217 (School College) Code Number

Lead Reclamation Description of Project

SECTION A: BOARD'S ACCEPTANCE

Upon the recommendation of our Project (Architect Engineer) in his certification in Section B below, in accordance with Chapter 1013, F.S., THE BOARD ACCEPTED the above-referenced project on Click here to enter a date.

Name (Type or Print) Click here to enter text.

Signature: _____ Date: _____

(Superintendent President)

SECTION B: (ARCHITECT ENGINEER) CERTIFICATION

As PROJECT (ARCHITECT ENGINEER), 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 Code.

Signature: *George W. Hunter Jr.* Date: 15 Oct 2015

Firm Name: George and Associates

Address: 1967 Commonwealth Lane, Suite 200, Tallahassee, Florida 32303

Street/P.O. Box City State Zip

SECTION C: Building Official Other (Specify) Certification Click here to enter number.

I have inspected the project and, in my considered opinion, it is complete and in accordance with applicable statutes, rules, and codes.

Name (Type or Print) W. B. Hunter Jr.

Signature: *W. B. Hunter Jr.* Date: 10/13/2015

Building Official Certified Inspector

SECTION D: FACILITY INFORMATION.

1. TYPE OF PROJECT: <input type="checkbox"/> New Plant <input type="checkbox"/> Addition <input type="checkbox"/> Remodeling <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Maintenance	2. CORRECTED "SPACE INVENTORY REPORT" (land, building, room) HAS BEEN FILED WITH THE OEF: <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A If "No," explain: <u>Click here to enter text.</u>
3. SOURCE OF FUNDS: <input type="checkbox"/> Local <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> <u>text.</u>	4. ADJUSTED FINAL CONTRACT AMOUNT: <u>\$ 439,476.29</u> 5. PROJECT GROSS SQUARE FOOTAGE: <u>N/A</u> SQ. FT. 6. COST PER GROSS SQUARE FOOT: <u>\$N/A</u> 7. COST PER STUDENT STATION: \$ <u>N/A</u>

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: 6/8/2015

11. Additional Information:
[Click here to enter text.](#)

Date: September 30, 2015
COR # 001



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 # 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: 9
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: *[Signature]* PM, CSI_ Date: 9/30/2015
Design Professional: *[Signature]* Date: 9/30/2015
Construction Coordinator: *[Signature]* Date: *10/19/2015* enter a date.
Account Manager: *[Signature]* Date: *10/28/15*



Date: September 30, 2015

CHANGE ORDER REQUEST FORM

COR # 002

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

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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 Date: N/A

Request for Information # 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

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Original Substantial Completion Date:	6/5/2015
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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:	\$ 444,903.00
Amount of this Change Order:	\$ <5,426.71>

New Contract Amount: \$ 439,476.29

Authorizations:

Contractor: [Signature] Date: 10/14/15

Design Professional: [Signature] Date: 10/14/2015

Construction Coordinator: [Signature] Date: 10/19/2015 a date.

Account Manager: [Signature] Date: 10/28/15