MEMBERS OF COUNCIL

HON. KIM REYNOLDS GOVERNOR

HON. PAUL D. PATE SECRETARY OF STATE

HON. ROB SAND AUDITOR OF STATE

HON. ROBY SMITH TREASURER OF STATE

HON. MIKE. NAIG SECRETARY OF AGRICULTURE



Executive Council of Iowa

CAPITOL BUILDING DES MOINES, IOWA 50319 PHONE: 515 281-5368 FAX: 515 281-7562

May 6, 2024

Accounting Department Office of the Treasurer Lucas Building 321 E 12th Street Des Moines, IA, 50319

The Executive Council, in a meeting held on this date, approved payment of the following cost item:

This represents full and final payment.

EXECUTIVE COUNCIL OF IOWA

Kristi Onstot

Kristi Onstot Acting Executive Secretary

cc: Sarah Harms, University of Northern Iowa John Nash, Director of Facilities, Board of Regents Andrea Anania, Board of Regents Aimee Claeys, Board of Regents Matt Bender, Department of Management Heather Hackbarth, Department of Management

> AOS Claim # 2249 TOS Job # 22BF



OFFICE OF AUDITOR OF STATE

STATE OF IOWA

Rob Sand Auditor of State

State Capitol Building Des Moines, Iowa 50319-0004 Telephone (515) 281-5834 Facsimile (515) 281-6518

April 10, 2024

Victoria Newton Executive Council L O C A L

.

 Subject: Damages to Roofs of Nielsen Fieldhouse and Wellness Recreation Center due to Wind Storm on December 15, 2021
 University of Northern Iowa – Board of Regents
 Claim dated March 1, 2022
 AOS Claim ID: 2249

In accordance with Executive Council policy, we have examined the invoices and supporting documentation for final payment related to the damages and have found the items to be in order as shown below:

Documented request		<u>\$</u>	727,051.61
Executive Council Allocation		\$	1,005,153.40
Less: Previous payments This payment Total	\$ 278,101.79 727,051.61	<u>\$</u>	1,005,153.40
Remaining Executive Council allo	\$	0.00	

We recommend reimbursement be made in the amount of \$727,051.61. This represents <u>full</u> and <u>final</u> payment on this allocation.

Sincerely,

Pri R Parts

Brian R. Brustkern, CPA Deputy Auditor of State

cc: Sarah Harms, Assistant to Senior Vice President for Finance & Operations, University of Northern Iowa John Nash, Director of Facilities, Board of Regents



Office of the Senior Vice President for Finance and Operations

March 1, 2024

John Nash Board of Regents, State of Iowa 11260 Aurora Avenue Urbandale, IA 50322-7905

Dear John,

On March 1, 2022 the University of Northern Iowa submitted a preliminary report on the damage incurred by a wind storm that impacted campus on December 15, 2021.

The preliminary estimate as noted in the March 1, 2022 letter was \$1,005,153.40. In accordance with the <u>Code of Iowa</u> section 29C.20, the University received approval from the Executive Council for an emergency allocation of \$1,005,153.40, subject to audit of actual invoices. The AOS Claim ID is 2249.

A final report was submitted on February 9, 2023 for completed work to McLeod Center and Nielsen Fieldhouse for \$278,101.79 leaving a balance of \$727,051.61. At this time, all of the work has been completed. We are submitting the second installment for repairs to Wellness Recreation Center. The final cost exceeds the balance of the allocation by a minimal amount. We are requesting the remaining balance of \$727,051.61. Enclosed are various invoices and proof of payment.

Sincerely,

Dr. Michael Hager Senior Vice President for Finance & Operations

Summary of Costs

Description	Estimate	Actual / Requested
Wellness Recreation Center		
Advanced Environmental: Rm 274	\$2,800.00	\$ 2,800.00
Black Hawk Roof: Roof 3f	31,148.00	31,148.00
ISG (Consultant Estimate)	470,830.00	
I&S Group		66,200.00
Facilities Management Design Fees		762.34
Black Hawk Roof Co.		626,167.18
TOTAL	\$502,808.00	\$727,077.50

Emergency Allocation Summary – AOS Claim ID 2249:

\$1,005,153.40	Approved Allocation 4/4/2022
(\$ 278,101.79)	Installment #1 paid 4/3/2023
(\$ 727,051.61)	Installment #2 requested 3/1/23
0	Balance



803 Ricker St Waterloo, IA 50703 319-287-4447

Bill To

University of Northern Iowa Facilities Planning 2601 Campus Street Cedar Falls, IA 50614-0530

ars

I	n	V	0	i	C	e

 Date
 Invoice #

 2/1/2022
 9194

Work Completed

Clean Up Debris Wellness Rec Center 2301 Hudson Road Cedar Falls, IA

	P.O. No.	Terms	Project	Contac	et Person	
		Net 30	22-26891	Amy	Selzer	
	Descriptio	l on		Qty	Rate	Amount
Cleanup of insula	tion & debris at the UN			1	2,800.00	2,800.00
NOTICE: Please	pay from this invoice-1	Γhanks			0.00	0.00
		0260	2	Tota	1	\$2,800.0
ß	k to pay	2365	2	Balan	ce Due	\$2,800.0

proof of payment

O Invoice Overview (UNI P	urchasing User) (2002)		400000000	na no se sa se	Geographic ≍ ⊼ ×
Trading Partner	Advanced Envrmntl Test	ing & Abatement I		Site	WATERLOO
Supplier Num	39473			Operating Unit	University of Northern I
Invoice Num	9194	Type	Standard	Date	01-FEB-2022
Batch Name	eac020922a	Currency	USD	Amount	2800.00
Voucher	634487			Unpaid	0.00
PO Number	133503	Release		Unapplied	
Receipt Num	Even and a strength	an North Grant C		Settlement Date	
Invoice Status			Description	Clean Up Debris	WRC
Approval	Not Required	Active Ho	a.	Reason	
Status	Validated				
Accounting	Processed			C. S. C. S. S. S. S.	他且他的法律的
Payment	Fully Paid				
- Scheduled Payme	ents			-Actual Payment	3
Alignet and a state of the second		Due Date	Held	Paid By	Paid On
USD 28	0.00	03-MAR-2022		306406 - Electron	02-MAR-2022
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			口。但是		<u>.</u>
Payment Overview	View Beceipt		1	Supplier I	nvoice Workbench
A STATE OF THE STA		和分支的公司合同		The state of the state of	

		Black Hawk Roof Co	Inc	Invoice
BLACK HAWK HOOF COMPANY		619 E. 19th St Cedar Falls, IA 50613 Phone: (319) 277-9355 Fax: (319) 277-9360 PO133072 1/6/2022 4646 ID23658 31148.00	paid 1/18/2022 F360 Receipt - 270928	Invoice Number 4646 Invoice Date 12/30/2021
Bill To:	University of Northern Iowa Accounts Payable GIL 103 0008 Cedar Falls, IA 50614	a	Re: Time and Material	

Job No	Customer Job No	Customer PO	Payment Terms		Due Date
2			Ne	et 30 Days	1/29/2022
Quantity	Descriptio	on	U/M Rate/Unit		Price
12/16/2	1, 12/17/21, and 12/20/21 WRC				
	WO 23658			31,148.00	31,148.00
Labor 2	14 hrs x \$58.00/hr = \$12,412.00				
	Material = \$18,736.00				

Subtota	I \$	31,148.00
Sales Tax (if applicable)\$	0.00
Total Due	\$	31,148.00
Thank you for your husinesel		

Thank you for your business!

Trading Partne	And the second state of the second state	Roof Co Inc		Site	Cedar Falls
Supplier Nur	11651			Operating Unit	University of Northe
Invoice Nur	the second second second second	Туре	Standard	Date	30-DEC-2021
Batch Nam	Charles and the second second	Currency	USD	Amount	31148
Vouche		C. Some Parts and the		Unpaid	0
PÖ Numbe	133072	Release		Unapplied	
Receipt Nur	ñ	HEAT MARKER	STREET, B	Settlement Date	
voice Status	Even for the		Descriptio	12/16-20/21 WR	C Roof 3 Repairs
Approval	Not Required	Active	Hold	Reason	
Statu	Validated		al averal a		日本以上"你是这时间
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Paymer	Fully Paid				ar tolu (lagend
- Scheduled Payn	nerits		A CONTRACTOR OF CONTRACTOR	Actual Paymen	ls
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proof of payment



I & S Group, Inc. 115 E. Hickory St. Suite 300 Mankato, MN 56001 507-387-6651

www.ISGInc.com

University of Northern Iowa Facilities Management 1801 W. 31st Street Cedar Falls, IA 50614-0530
 Invoice Number
 79696

 Date
 02/28/2022

Project 22-26304 UNI Wellness Center Roof Replacement - Cedar Falls, IA

Progress billing for professional services provided through date of invoice

Description	Contract Amount	Prior Billed	Current Billed
Construction Documents	\$36,000.00		\$15,000.00
Bidding and Negotiation Construction Administration	\$2,400.00		
	\$4,800.00		
Records Documents	\$4,800.00		
Reimbursables			
	\$48,000.00		\$15,000.00

Invoice Amount

\$15,000.00

Payment Terms: Net 30 days from invoice date. Thank you. Past due balances are subject to late fees in the amount of 1.5% per month.

If you have a question regarding your invoice, please e-mail ar@ISGInc.com

ok to pury

UNIVERSITY OF NORTHERN IOWA

FACILITIES MANAGEMENT - CEDAR FALLS, IA 50614-0530 -- PHONE 319-273-2611

INSTRUCTIONS				VED, SIGN AND FORV URN VOUCHER WITH		s		
VOUCHER		4/13/2022	VENDOR'S INVOICE NO.	79696		UNI BLANKET P.O. 134221		
DEPARTMENT		Facilities M	lanagement	INVOICE DATE		2/28/2022		
VENDOR NAME AND	l & S Group 115 E. Hick), Inc. ory St., Suite 300			SUPPLIER NUMBER 83599			
ADDRESS	Mankato, N	/N 56001			VOUCH	IER		
SHIPPED		DI	ESCRIPTION		UNIT PRICE	AMOUNT CHARGED		
	Wellness R	ecreation Center Ro	of Replacement Pha	se 1				
	Maximun Amendmer	n Contract Amount ht No. 1			\$48,000.00 \$17,000.00			
	Basic Serv	vices Maximum	Date of Service: T	hrough 02/28/2022	\$ 65,000.00			
	Paid to I This Pay	Date ment (VOU007703)		\$ - \$ 15,000.00 \$ 15,000.00	\$ 15,000.00	\$ 15,000.00		
	Balance Re	emaining			\$ 50,000.00			
	Reimburs	able Expenses						
	Paid to D This Pay			\$ -		ş -		
	Balance Re	emaining		\$ -	\$ - \$ -	-		
DOES THIS VOU		LETE THIS ORDER?			TOTAL	\$ 15,000.00		
ACCOUNT	1		EXPENSE TYPE	NUMBER	AMOUNT	APPROVAL INITIALS		
0204.00.00000.	12720.0000.	00.0000.000	Physical Plant	W22586700	\$ 15,000.00			
			_					
				Tota				
Prepared by Zac		ise attach a separate she DocuSigne		APPROVED FOR PAY				
APPROVED FOR PAYMENT	04/13/202		lzer	AFFROVED FOR PAI		-		
APPROVED FOR PAYMENT	04/13/20	22 Jose W	us San Miguel					
	DATE	signature29F60CAC	JUD0641-8					



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Trading Partner	& S Group Inc			Site	MANKATO
Supplier Num	83599	PER SALA		Operating Unit	University of Northern I
Invoice Num	79696	Туре	Standard	Date	28-FEB-2022
Batch Name	eac041422a	Currency	USD	Amount	15000.00
Voucher	636431			Unpaid	0.00
PO Number	134221	Release	1	Unapplied	
Receipt Num		1.4.4.2	- AND WARTEN	Settlement Date	
- Invoice Status			Description	01/07/22-02/28/22	2 Wellness Recreation (
Approval	Not Required	Active H	old	Reason	
Status	Validated				<u></u>
Accounting	Processed		Constant)		
Payment	Fully Paid				
- Scheduled Payme	ents		1.1. In 1997	Actual Payment	s
	nount Remaining	Due Date	Held	Paid By	Paid On
USD 1500	00.00 0.00	28-FEB-2022		308101 - Electror	14-APR-2022
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Payment Overview	View <u>R</u> eceipt		S	upplier !	nvoice Workbench
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I & S Group, Inc. 115 E. Hickory St. Suite 300 Mankato, MN 56001 507-387-6651 www.ISGInc.com

University of Northern Iowa Facilities Management 1801 W. 31st Street Cedar Falls, IA 50614-0530
 Invoice Number
 80301

 Date
 03/31/2022

Project 22-26304 UNI Wellness Center Roof Replacement - Cedar Falls, IA

Progress billing for professional services provided through date of invoice

÷	Contract	Prior	Current
Description	Amount	Billed	Billed
Construction Documents	\$36,000.00	\$15,000.00	\$1,000.00
Bidding and Negotiation	\$2,400.00		
Construction Administration	\$4,800.00		
Records Documents	\$4,800.00		
Addl Investigation/Diagnostic	\$17,000.00		\$17,000.00
Reimbursables			
	\$65,000.00	\$15,000.00	\$18,000.00

	Invoice Amount	\$18,000.00
Payment Terms: Net 30 days from invoice date. Thank you. Past due balances are subject to late fees in the amount of 1.5% per month.		als

If you have a question regarding your invoice, please e-mail ar@ISGInc.com

Aging Summary

Invoice Number	Invoice Date	0 - 30	31 - 60	61-90	Over 90	Balance
79696	2/28/2022	\$0.00	\$15,000.00	\$0.00	\$0.00	\$15,000.00
80301	3/31/2022	\$18,000.00				\$18,000.00
Total Outstanding		\$18,000.00	\$15,000.00	\$0.00	\$0.00	\$33,000.00

UNIVERSITY OF NORTHERN IOWA

FACILITIES MANAGEMENT - CEDAR FALLS, IA 50614-0530 -- PHONE 319-273-2611

INST	RII	CT	18

1. IF INVOICE CHARGES ARE ACCEPTED AND APPROVED, SIGN AND FORWARD. 2. IF INVOICE CHARGES ARE NOT ACCEPTABLE, RETURN VOUCHER WITH WRITTEN COMMENTS.

VOUCHER	DATE:	4/18/2022	VENDOR'S INVOICE NO.	80301		UNI BLANKET P.O. 134221	
DEPARTMENT		Facilities M	anagement	INVOICE DATE	E 3/31/2022		
VENDOR NAME AND ADDRESS	l & S Grouj 115 E. Hick Mankato, I	ory St., Suite 300			SUPPLIER NUMBER 83599 VOUCHER		
GOANTITY SHIPPED		DI	SCRIPTION		UNIT PRICE	AMOUNT CHARGED	
	Wellness R	ecreation Center Ro	of Replacement Pha				
	Maximur Amendme	n Contract Amount nt No. 1			\$48,000.00 \$17,000.00		
	Basic Services Maximum Date of Service: 3/1/22 - 3/31/22				\$ 65,000.00		
	Paid to I This Pay	Date ment (VOU007739)		\$ 15,000.00 \$ 18,000.00 \$ 33,000.00	\$ 33,000.00	\$ 18,000.00	
	Balance R	emaining			\$ 32,000.00		
	Reimburs	sable Expenses					
	Paid to I This Pay			\$	\$ ≅	Ş -	
	Balance R	emaining			\$ 5		
DOES THIS VOU	CHER COMP	LETE THIS ORDER?			TOTAL	\$ 18,000.00	
ACCOUNT	fva jeka		EXPENSE TYPE	NUMBER	AMOUNT	APPROVAL INITIALS	
0204.00.00000.1	12720.0000	00.0000.000	Physical Plant	W22586700	\$ 18,000.00		
If additional lines a	re needed, ple	ase attach a separate she	et.	Total			
Prepared by Zacl APPROVED FOR PAYMENT	h Baethke 04/18/202	22 Amy Se	ber =09438	APPROVED FOR PAY	MENT	14	
APPROVED FOR PAYMENT	04/18/20	The constraints of	is San Miguel				

proof of payment.

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Trading Partner	& S Group	Inc			Site	MANKATO	
Supplier Num	83599				Operating Unit	University of Northern	11
Invoice Num	80301	11.12	Туре	Standard	Date	31-MAR-2022	
Batch Name	ymb041922:	a	Currency	USD	Amount	18000.0	0
Voucher	636560	Partie of			Unpaid	0.0	0
PO Number	134221	1.7 11	Release	2	Unapplied		
Receipt Num	La server a d				Settlement Date		
- Invoice Status			1 1.3	Description	3/1-31/22 Nielsen	Field House Roof Re	pl
Approval	Not Require	d	Active H	old	Reason		
Status	Validated						
Accounting	Processed	a ha it - c					
Payment	Fully Paid						
- Scheduled Paym	ents				-Actual Payment	s	
Curr A	mount	Remaining	Due Date	Held	Paid By	Paid On	
USD 180	00.00	0.00	31-MAR-2022		308266 - Electron	20-APR-2022	
				自己			-
Payment Overview	View <u>R</u> e	ceipt		5	upplier Ir	woice Workbench	
				ALL ALL			



I & S Group, Inc. 115 E. Hickory St. Suite 300 Mankato, MN 56001 507-387-6651 www.ISGInc.com

University of Northern Iowa Facilities Management 1801 W. 31st Street Cedar Falls, IA 50614-0530

Invoice Number	81771
Date	04/30/2022

Project 22-26304 UNI Wellness Center Roof Replacement - Cedar Falls, IA

Progress billing for professional services provided through date of invoice

Progress Invoice through 4/30/22

Description	Contract Amount	Prior Billed	Current Billed
Construction Documents	\$36,000.00	\$16,000.00	\$10,000.00
Bidding and Negotiation	\$2,400.00		
Construction Administration	\$4,800.00		
Records Documents	\$4,800.00		
Addl Investigation/Diagnostic	\$17,000.00	\$17,000.00	
Reimbursables			
	\$65,000.00	\$33,000.00	\$10,000.00

Invoice Amount

\$10,000.00

Payment Terms: Net 30 days from invoice date. Thank you. Past due balances are subject to late fees in the amount of 1.5% per month.

If you have a question regarding your invoice, please e-mail ar@ISGInc.com

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UNIVERSITY OF NORTHERN IOWA

FACILITIES MANAGEMENT - CEDAR FALLS, IA 50614-0530 -- PHONE 319-273-2611

INS	rruc	CITC	NS

1. IF INVOICE CHARGES ARE ACCEPTED AND APPROVED, SIGN AND FORWARD. 2. IF INVOICE CHARGES ARE NOT ACCEPTABLE. RETURN VOUCHER WITH WRITTEN COMMENTS.

VOUCHER		5/17/2022	VENDOR'S		r	UNI BLANKET P.O. 134221	
DEPARTMENT		Facilities Ma		INVOICE DATE		4/30/2022	
VENDOR NAME AND ADDRESS	115 E. Hick	I & S Group, Inc. 115 E. Hickory St., Suite 300 Mankato, MN 56001			SUPPLIER NUMBER 83599 VOUCHER		
SHIPPED		DE	SCRIPTION		UNIT PRICE	AMOUNT CHARGED	
		ecreation Center Roo n Contract Amount	of Replacement Pha	\$48,000.00			
	Amendme				\$48,000.00 \$17,000.00		
	Basic Ser	vices Maximum	Date of Service: 4,	/1/22 - 4/30/22	\$ 65,000.00		
	Paid to I This Pay	Date ment (VOU007791)		\$ 33,000.00 \$ 10,000.00 \$ 43,000.00	\$ 43,000.00	\$ 10,000.00	
	Balance R	emaining			\$ 22,000.00		
	Reimburs	able Expenses					
	Paid to I This Pay			\$ - \$ -	\$ -	Ş -	
	Balance R	emaining			\$ -		
DOES THIS VOU	CHER COMP	LETE THIS ORDER?			TOTAL	\$ 10,000.00	
ACCOUNT		10-12-12-12-12-12-12-12-12-12-12-12-12-12-	EXPENSE TYPE	NUMBER	AMOUNT	APPROVAL INITIALS	
0204.00.00000.1	.2720.0000.	00.0000.000	Physical Plant	W22586700	\$ 10,000.00		
If additional lines a	re needed into	ase attach a separate shee	•	Total			
Prepared by Zach APPROVED FOR 0 PAYMENT	Baethke	2 DocuSigne	d by: USC #D9438	APPROVED FOR PAY	MENT	21	
APPROVED FOR PAYMENT	05/20/20 DATE	122 Jose Lu signeore 29F60CAC	is San Miguel				

proof of payment

O Invoice Overview (UNI PL	irchasing User)	004000000000000000000000000000000000000		666666666666	× ≍ ⊼ ×
Trading Partner	I & S Group Inc			Site	MANKATO
Supplier Num	83599	At 15 The Allert		Operating Unit	University of Northern I
Invoice Num	81771	Туре	Standard	Date	30-APR-2022
Batch Name	ymb052522a	Currency	USD	Amount	10000.00
Voucher	637575			Unpaid	0.00
PO Number	134221	Release	3	Unapplied	
Receipt Num				Settlement Date	
- Invoice Status			Description	Wellness Recrea	tion Center Roof Replac
Approval	Not Required	Active H	old	Reason	
Status	Validated		60194		
Accounting	Processed				
Payment	Fully Paid				
- Scheduled Payme	nts			-Actual Payment	s
Curr Am	ount Remaining	Due Date	Held	Paid By	Paid On
USD 1000	0.00	30-APR-2022		309905 - Electron	25-MAY-2022
Payment Overview	View <u>Receipt</u>		5	Supplier !	nvoice Workbench
NE ELEMANDER DE LA P	NEW STREW BIRLEY		ALC: MARCHE		En the State



I & S Group, Inc. 115 E. Hickory St. Suite 300 Mankato, MN 56001 507-387-6651 www.ISGInc.com

> University of Northern Iowa Facilities Management 1801 W. 31st Street Cedar Falls, IA 50614-0530

Invoice Number	82073
Date	05/31/2022

Project 22-26304 UNI Wellness Center Roof Replacement - Cedar Falls, IA

Progress billing for professional services provided through date of invoice

Progress Invoice through 5/31/22

Contract Amount	Prior Billed	Current Billed
\$36,000.00	\$26,000.00	\$10,000.00
\$2,400.00		\$1,000.00
\$4,800.00		
\$4,800.00		
\$17,000.00	\$17,000.00	
\$65,000.00	\$43,000.00	\$11,000.00
	Amount \$36,000.00 \$2,400.00 \$4,800.00 \$4,800.00 \$17,000.00	Amount Billed \$36,000.00 \$26,000.00 \$2,400.00 \$4,800.00 \$4,800.00 \$17,000.00

Invoice Amount

\$11,000.00

Payment Terms: Net 30 days from invoice date. Past due balances are subject to late fees in the amount of 1.5% per month. If you have a question regarding your invoice or are interested in receiving invoices electronically, please e-mail AR@ISGInc.com

Automated Clearing House (ACH) Instructions

Account Name: I&S Group, Inc. ABA/Routing Number: 073000642 Account Number: 2348642289 Send Remittance to: AR@ISGinc.com

on to pa

University of Northern Iowa

UNIVERSITY OF NORTHERN IOWA

FACILITIES MANAGEMENT - CEDAR FALLS, IA 50614-0530 -- PHONE 319-273-2611

INSTRUCTIONS	INST	RU	CT	0	NS
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IF INVOICE CHARGES ARE ACCEPTED AND APPROVED, SIGN AND FORWARD.
 IF INVOICE CHARGES ARE NOT ACCEPTABLE, RETURN VOUCHER WITH WRITTEN COMMENTS.

VOUCHER	DATE:	6/8/2022	VENDOR'S INVOICE NO.	82073	r	UNI BLANKET P.O. 134221
DEPARTMENT		Facilities M	anagement	INVOICE DATE		5/31/2022
VENDOR NAME AND ADDRESS	l & S Grouj 115 E. Hick Mankato, I	ory St., Suite 300			SUPPLIER NUM 83599 VOUCH	
QUANTITY SHIPPED		DE	SCRIPTION			
	Wellness R	ecreation Center Ro	of Replacement Pha	se 1		
	Maximur Amendme	n Contract Amount nt No. 1		<u>*</u> :	\$48,000.00 \$17,000.00	
	Basic Ser	vices Maximum	Date of Service: 5	/1/22 - 5/31/22	\$	
	Paid to I This Pay	Date ment (VOU007810)		\$ 43,000.00 \$ 11,000.00 \$ 54,000.00	\$ 54,000.00	\$ 11,000.00
	Balance R	emaining			\$ 11,000.00	
	Reimburs	sable Expenses				
	Paid to I This Pay			\$ - \$ -	e e	ş -
	Balance R	emaining		\$	\$ - \$ -	
DOES THIS VOU	CHER COMP	LETE THIS ORDER?			TOTAL	\$ 11,000.00
ACCOUNT		10	EXPENSE TYPE	NUMBER	AMOUNT	APPROVAL INITIALS
0204.00.00000.1	2720.0000.	00.0000.000	Physical Plant	W22586700	\$ 11,000.00	
If additional lines of				Tatal		
Prepared by Laur APPROVED FOR PAYMENT	-	SISTERING BISTORES	ed by: Lyr ZED9438	Total		
APPROVED FOR PAYMENT	06/08/20 DATE	122 Jose W signature 29F60CAC	is San Miguel			

Invoice Overview (UNI Pu	rchasing User)	000000000000000000000000000000000000000	000000000000	666666666666666	00000000000 ⊻ ⊼ ×]
Trading Partner	I & S Group Inc	in the second	STATIST.	Site	MANKATO
Supplier Num	83599	Program a fin gen		Operating Unit	University of Northern I
Invoice Num	82073	Туре	Standard	Date	31-MAY-2022
Batch Name	ymb061022a	Currency	USD	Amount	11000.00
Voucher	637864			Unpaid	0.00
PO Number	134221	Release	4	Unapplied	
Receipt Num				Settlement Date	Tex Contracts Street
Invoice Status			Description	Wellness Recrea	tion Center Roof Replac
Approval	Not Required	Active H	old	Reason	
Status	Validated				astri V tel suint A
Accounting	Processed				
Payment	Fully Paid			1995, 11, 11,	
Scheduled Paymer	nts			Actual Payment	ts
Curr Am	ount Remaining	Due Date	Held	Paid By	Paid On
USD 1100	00.00	31-MAY-2022		310535 - Electro	r 13-JUN-2022
				11. 1 7.2	
Payment Overview	View <u>R</u> eceipt		5	upplier l	nvoice Workbench
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proof of payment

ISG

I & S Group, Inc. 115 E. Hickory St. Suite 300 Mankato, MN 56001 507-387-6651

www.ISGInc.com

University of Northern Iowa Facilities Management 1801 W. 31st Street Cedar Falls, IA 50614-0530

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¥	5	100	× 7				· /	

 Invoice Number
 82776

 Date
 06/30/2022

Project 22-26304 UNI Wellness Center Roof Replacement - Cedar Falls, IA

Progress billing for professional services provided through date of invoice

Progress Invoice through 6/30/22

Description	Contract Amount	Prior Billed	Current Billed
Construction Documents	\$36,000.00	\$36,000.00	
Bidding and Negotiation	\$2,400.00	\$1,000.00	\$1,400.00
Construction Administration	\$4,800.00		\$1,000.00
Records Documents	\$4,800.00		
Amendment 1 - Addl Investigation/Diagnostic	\$17,000.00	\$17,000.00	
Amendment 2 - Additional Scope	\$13,000.00		
Reimbursables			
	\$78,000.00	\$54,000.00	\$2,400.00

Invoice Amount

\$2,400.00

Payment Terms: Net 30 days from invoice date. Past due balances are subject to late fees in the amount of 1.5% per month. If you have a question regarding your invoice or are interested in receiving invoices electronically, please e-mail AR@ISGInc.com

Automated Clearing House (ACH) Instructions

Account Name: I&S Group, Inc. ABA/Routing Number: 073000642 Account Number: 2348642289 Send Remittance to: AR@ISGinc.com

onto pay

University of Northern Iowa

UNIVERSITY OF NORTHERN IOWA

FACILITIES MANAGEMENT - CEDAR FALLS, IA 50614-0530 -- PHONE 319-273-2611

INSTRU	JCTIONS	ŝ
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1. IF INVOICE CHARGES ARE ACCEPTED AND APPROVED, SIGN AND FORWARD. 2. IF INVOICE CHARGES ARE NOT ACCEPTABLE, RETURN VOUCHER WITH WRITTEN COMMENTS.

VOUCHER		7/13/2022	VENDOR'S INVOICE NO.	82776		UNI BLANKET P.O. 134221	
DEPARTMENT		Facilities Ma		INVOICE DATE		6/30/2022	
VENDOR NAME AND ADDRESS	I & S Grou 115 E. Hick Mankato, I	kory St., Suite 300	÷.		SUPPLIER NUMBER 83599 VOUCHER		
SHIPPED		DE	SCRIPTION		UNIT PRICE	AMOUNT CHARGED	
	Wellness F	lecreation Center Roo	of Replacement Pha	se 1			
	Maximur Amendme	n Contract Amount nt No. 1			\$48,000.00 \$17,000.00		
	Basic Ser	vices Maximum	Date of Service: 6	/1/22 - 6/30/22	\$ 65,000.00		
	Paid to This Pay	Date /ment (VOU007847)		\$ 54,000.00 \$ 2,400.00 \$ 56,400.00	\$ 56,400.00	\$ 2,400.00	
	Balance R	temaining			\$ 8,600.00		
		sable Expenses					
	Paid to This Pay			\$ - \$ -	\$ -	ş -	
	Balance R	Remaining			\$ -	Ş	
DOES THIS VOU	CHER COMP	PLETE THIS ORDER?			TOTAL	\$ 2,400.00	
ACCOUNT			EXPENSE TYPE	NUMBER	AMOUNT	APPROVAL INITIALS	
0204.00.00000.:	12720.0000	.00.0000.000	Physical Plant	W22586700	\$ 2,400.00		
If additional lines a	ire needed, ple	ase attach a separate shee	et.	Total			
Prepared by Lau APPROVED FOR PAYMENT	ra Moody 07/13/20 DATE	322 Amy signature 8797C	Signed by: SUZU AbB2ED9438	APPROVED FOR PAY	MENT		
APPROVED FOR PAYMENT	07/16/20	D22 Jose W signature 29F60CAC	is San Miguel]	

proof of payment

O Invoice Overview (UNI Pu	irchasing User) 1999-1999	000000000000000000000000000000000000000	408864866666	andria an latais	0000000000 ⊻ ⊼×
Trading Partner	& S Group Inc			Site	MANKATO
Supplier Num	83599			Operating Unit	University of Northern I
Invoice Num	82776	Туре	Standard	Date	30-JUN-2022
Batch Name	ymb071922a	Currency	USD	Amount	2400.00
Voucher	638518			Unpaid	0.00
PO Number	134221	Release	5	Unapplied	1 - 28 J. S. Mark
Receipt Num				Settlement Date	
Invoice Status		a 2	Description	Wellness Recrea	tion Center Roof Replac
Approval	Not Required	Active H	old	Reason	
Status	Validated				
Accounting	Processed		. Optimates	e vi u si në Te	
Payment	Fully Paid		al astal	1. S. Bars	
- Scheduled Payme	nts			-Actual Payment	s
Curr Am	ount Remaining	Due Date	Held	Paid By	Paid On
USD 240	0.00	30-JUN-2022		311705 - Electror	20-JUL-2022
Payment Overview	View <u>R</u> eceipt		5	upplier h	nvoice Workbench
	A A RUSTING STANK		San Kan Ha	State 1 24 - Sta	UT A MENTERS



I & S Group, Inc. 115 E. Hickory St. Suite 300 Mankato, MN 56001 507-387-6651 www.ISGInc.com

University of Northern Iowa Facilities Management 1801 W. 31st Street Cedar Falls, IA 50614-0530

Invoice Number	90293
Date	02/28/2023

Project 22-26304 UNI Wellness Center Roof Replacement - Cedar Falls, IA

Progress billing for professional services provided through date of invoice

Progress Invoice through 2/28/2023

Description	Contract Amount	Prior Billed	Current Billed
Construction Documents	\$36,000.00	\$36,000.00	
Bidding and Negotiation	\$2,400.00	\$2,400.00	
Construction Administration	\$4,800.00	\$3,500.00	
Records Documents	\$4,800.00		
Amendment 1 - AddI Investigation/Diagnostic	\$17,000.00	\$17,000.00	
Amendment 2 - Phase I: Vapor Study + Report	\$10,000.00	\$5,000.00	\$5,000.00
Reimbursables			
	\$75,000.00	\$63,900.00	\$5,000.00

Invoice Amount

\$5,000.00

Payment Terms: Net 30 days from invoice date. Past due balances are subject to late fees in the amount of 1.5% per month. If you have a question regarding your invoice or are interested in receiving invoices electronically, please e-mail AR@ISGInc.com

Automated Clearing House (ACH) Instructions

Account Name: I&S Group, Inc. ABA/Routing Number: 073000642 Account Number: 2348642289 Send Remittance to: AR@ISGinc.com

on to pay

University of Northern Iowa

UNIVERSITY OF NORTHERN IOWA

FACILITIES MANAGEMENT - CEDAR FALLS, IA 50614-0530 -- PHONE 319-273-2611

INST	RU	CTI	ONS
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IF INVOICE CHARGES ARE ACCEPTED AND APPROVED, SIGN AND FORWARD.
 IF INVOICE CHARGES ARE NOT ACCEPTABLE, RETURN VOUCHER WITH WRITTEN COMMENTS.

VOUCHER	DATE:	3/1/2023	VENDOR'S INVOICE NO.	90293		UNI BLANKET P.O. 134221
DEPARTMENT		- Facilities M	anagement	INVOICE DATE 2/28/		
VENDOR NAME AND ADDRESS	I & S Group, Inc. 115 E. Hickory St., Suite 300 Mankato, MN 56001			SUPPLIER NUMBER 83599 VOUCHER		
SHIPPED		DI	ESCRIPTION		UNIT PRICE	AMOUNT CHARGED
	Wellness F	Wellness Recreation Center Roof Replacement Phase 1				
	Original Co Amendme Amendme				\$48,000.00 \$17,000.00 \$10,000.00	
	Basic Ser	vices Maximum Date of Service: 02/	01/2023 - 02/28/20	23	\$75,000.00	
	Paid to This Pa	Date yment (VOU008122)		\$ 63,900.00 \$ 5,000.00 \$ 68,900.00	\$ 68,900.00	\$ 5,000.00
	Balance F	Remaining			\$ 6,100.00	
	Reimbur Paid to This Pa			\$ -		Ş -
	Balance	Remaining		\$ -	\$ = \$ =	
DOES THIS VOL	ICHER COM	PLETE THIS ORDER?			TOTAL	\$ 5,000.00
ACCOUNT			EXPENSE TYPE	NUMBER	AMOUNT	APPROVAL INITIALS
0204.00.00000	.12720.0000	.00.0000.000	Physical Plant	W22586700	\$ 5,000.00	
		ease attach a separate she	eet. gned by:	Tota		
Prepared by La APPROVED FOR PAYMENT	ura Moody 03/02/20 DATE	023 Amy S	5UGUY 1682ED9438 ned by:	APPROVED FOR PAY	(MENT	
APPROVED FOR PAYMENT	03/02/2	023 Jose U signature	us San Miguel]

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O Invoice Overview (UNI Pu	irchasing User)	44444444444444			eeleesteet ⊻ π ×
Trading Partner	I & S Group Inc		ianten a	Site	MANKATO
Supplier Num	83599	en la sur la		Operating Unit	University of Northern I
Invoice Num	90293	Туре	Standard	Date	28-FEB-2023
Batch Name	ymb030623a	Currency	USD	Amount	5000.00
Voucher	643439			Unpaid	0.00
PO Number	134221	Release	10	Unapplied	
Receipt Num		nere terrete		Settlement Date	
- Invoice Status			Descriptio	n 2/1-2/28/23 Wellr	ess Recreation Ctr Roc
Approval	Not Required	Active H	old	Reason	
Status	Validated				an a
Accounting	Processed		100		N. C. S. S. S. S.
Payment	Fully Paid		i de la la	PUSTS OF S	
- Scheduled Payme	nts			-Actual Payment	S
Curr Am	ount Remaining	Due Date	Held	Paid By	Paid On
USD 500	0.00 00.00	28-FEB-2023		324123 - Electror	06-MAR-2023
				1. 71 1.21	
Payment Overview	View <u>R</u> eceipt			Supplier	nvoice Workbench
Service Lands Die 22					



I & S Group, Inc. 115 E. Hickory St. Suite 300 Mankato, MN 56001 507-387-6651

www.ISGInc.com

University of Northern Iowa Facilities Management 1801 W. 31st Street Cedar Falls, IA 50614-0530
 Invoice Number
 98539

 Date
 10/31/2023

Project 22-26304 UNI Wellness Center Roof Replacement - Cedar Falls, IA

Progress billing for professional services provided through date of invoice

Progress Invoice through 10/31/23

Description	Contract Amount	Prior Billed	Current Billed
Construction Documents	\$36,000.00	\$36,000.00	
Bidding and Negotiation	\$2,400.00	\$2,400.00	
Construction Administration	\$4,800.00	\$4,800.00	
Records Documents	\$4,800.00		\$4,800.00
Amendment 1 - AddI Investigation/Diagnostic	\$17,000.00	\$17,000.00	
Amendment 2 - Phase I: Vapor Study + Report	\$10,000.00	\$10,000.00	
Reimbursables			
	\$75,000.00	\$70,200.00	\$4,800.00

Invoice Amount

\$4,800.00

Payment Terms: Net 30 days from invoice date. Past due balances are subject to late fees in the amount of 1.5% per month. If you have a question regarding your invoice or are interested in receiving invoices electronically, please e-mail AR@ISGInc.com

Automated Clearing House (ACH) Instructions

Account Name: I&S Group, Inc. ABA/Routing Number: 073000642 Account Number: 2348642289 Send Remittance to: AR@ISGinc.com

University of Northern Iowa

Invoice number 98539

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INVDC - 15 Page 1 of 1

Name I & S Group Inc - MANKATO

Approved

Invoice Date 10/31/23 **PO Number** 134221

DESIGN PROFESSIONAL INVOICE FORM

Project Title Wellness Recreation Center Roof Replacement Phase 1 For Period 10/1/23 to 10/31/23 Invoice Number 98539

University of Northern Iowa - Design Project Manager

Description	Contract Amount	Percent Work To Date	Amount Billed to Date	Previous Amount Billed	Current Invoice Amount Billed
Construction Documents	\$36,000.00	100.00	\$36,000.00	\$36,000.00	\$ 0.00
Bidding and Negotiation	\$2,400.00	100.00	\$2,400.00	\$2,400.00	\$ 0.00
Construction Administration	\$4,800.00	100.00	\$4,800.00	\$4,800.00	\$ 0.00
Record Documents	\$4,800.00	100.00	\$4,800.00	\$ 0.00	\$4,800.00
Amendment 1 - Addl Investigation/Diagnostic	\$17,000.00	100.00	\$17,000.00	\$17,000.00	\$ 0.00
Amendment 2 - Phase I: Vapor Study + Report	\$10,000.00	100.00	\$10,000.00	\$10,000.00	\$ 0.00
TOTAL	\$75,000.00	100.00	\$75,000.00	\$70,200.00	\$4,800.00

TOTAL AMOUNT DUE \$4,800.00

By:	Imy Selyer 586EB17A8E6E434	Date:	11/08/2023
Approved	University of Northern Iowa – Final Approver		
By:	Jose Luis San Miguel F004D182DFF2478	Date:	11/08/2023

proof of payment

O Invoice Overview (UNI Pu	irchasing User)	040000000000000	40460688866	0000000000000000	:::::::::::::::::::::::::::::::::::::
Trading Partner	& S Group Inc	A CONTRACT		Site	MANKATO
Supplier Num	83599			Operating Unit	University of Northern I
Invoice Num	98539	Туре	Standard	Date	31-OCT-2023
Batch Name	mkw111623a	Currency	USD	Amount	4800.00
Voucher	646938			Unpaid	0.00
PO Number	134221	Release	14	Unapplied	
Receipt Num				Settlement Date	
- Invoice Status			Description	Wellness Recrea	tion Center Roof Replac
Approval	Not Required	Active H	old	Reason	
Status	Validated				
Accounting	Processed		144,0EV		
Payment	Fully Paid				
- Scheduled Payme	nts			Actual Payment	s
Curr Am	ount Remaining	Due Date	Held	Paid By	Paid On
USD 480	0.00 0.00	30-NOV-2023		334970 - Electror	27-NOV-2023
			i i		
Payment Overview	View Receipt		<u>S</u>	upplier li	nvoice Workbench

AIA Type Document Application and Certification for Payment				
TO (OWNER): University of Northern Iowa Accounts Payable GIL 103 0008 Cedar Falls, IA 50614	PROJECT: UNI WRC Phase I Roof Replace	APPLICATION NO: 3 PERIOD TO: 5/31/2023	DISTRIBUTION TO: OWNER ARCHITECT CONTRACTOR	
FROM (CONTRACTOR): Black Hawk Roof Co., Inc 619 E 19th St Cedar Falls, IA 50613	VIA (ARCHITECT):	ARCHITECT'S PROJECT NO:		

CONTRACT FOR:

CONTRACTOR'S APPLICATION FOR PAYMENT

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

1. ORIGINAL CONTRACT SUM	1,991,338,00
2. Net Change by Change Orders \$\$	6,196.91
3, CONTRACT SUM TO DATE (Line 1 + 2)	1,997,534.91
4. TOTAL COMPLETED AND STORED TO DATE	1,726,027.96

5. RETAINAG	SE: 5.00% of Completed Work	\$ 86,301,40	
b	0.00% of Stored Material	\$ 0.00	
Total retair	nage (Line 5a + 5b)	 	86,301,40
	ARNED LESS RETAINAGE	 	1,639,726,56
	EVIOUS CERTIFICATES FOR PAY m prior Certificate)		1,491,049,98
8. CURREN	T PAYMENT DUE	\$ 	148,676 58

9. BALANCE TO FINISH, INCLUDING RETAINAGE (Line 3 less Line 6) 357,808.35 \$

CHANGE ORDER SUMMARY	ADDITIONS	DEDUCTIONS
Total changes approved in previous months by Owner	0.00	0,00
Total approved this Month	6,196.91	0.00
TOTALS	6,196.91	0 00
NET CHANGES by Change Order	6,196.91	
DocuSioned htt		

Dan Kittgers

05/31/2023

CONTRACT DATE:

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: Black Hawk Roof Co., Inc.

619 E 19th St Cedar Falls, IA 50613 Date: 5/24/23 By

State of: IA

ARCHITECT'S CERTIFICAT	EFOR	PAYA	MMISSION I	EXPIRES
My Commission Expires : 2/4/24	AN RIAL OF	GR	EG HER	TING 830125
Subscribed and Sworn to before me this	24	Day of	Mary	
County of: Black Hawk				

In Accordance with the Contract Documents, based on on-site observations and the data comprising the above application, the Architect certifies to 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	\$	148,676.58
(Attach explanation if amount certified differs from the amoun Application and on the Continuation Sheet that are changed t		
ARCHITEGT	. 0	5/30/2023

Nathan Compton - 130 Date By: -FRAEDOFAE470480

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.

Phillip O'Loughlin AAED8275800044

05/31/2023

17	AIA Type Document Application and Certification for Payment		Page 2 of 2
TO (OWNER): University of Northern Iowa Accounts Payable GIL 103 0008 Cedar Falls, IA 50614	PROJECT: UNI WRC Phase I Roof Replace	APPLICATION NO: 3 PERIOD TO: 5/31/2023	DISTRIBUTION TO: OWNER ARCHITECT CONTRACTOR
FROM (CONTRACTOR): Black Hawk Roof Co., Inc 619 E. 19th St Cedar Falls, IA 50613	VIA (ARCHITECT):	ARCHITECT'S PROJECT NO:	

CONTRACT	FOR:
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CONTRACT	FOR:					CONTRACT DATE	:		
ITEM	DESCRIPTION	SCHEDULE VALUE	PREVIOUS APPLICATIONS	COMPLETED THIS PERIOD	STORED MATERIAL	COMPLETED STORED	%	BALANCE	RETAINAGE
1	General Requirements	99,567 00	49,783 50	24,891 75	0,00	74,675,25	75.00	24,891.75	3,733,76
EPDM									
2	Labor	376,238,00	225,742.80	0.00	0.00	225,742,80	60.00	150,495,20	11,287.14
3	Material	866,980,00	866,980.00	0.00	0.00	866,980.00	100,00	0.00	43,349,00
Kee									
4	Labor	125,413,00	0.00	125,413,00	0.00	125,413,00	100.00	0.00	6,270,65
5	Material	427,020.00	427,020.00	0.00	0.00	427,020.00	100.00	0.00	21,351.00
Sheet Metal									
6	Labor	24,920.00	0,00	0.00	0.00	0.00	0.00	24,920.00	0.00
7	Material	71,200,00	0,00	0,00	0.00	0.00	0.00	71,200.00	0.00
8	PR/IDC04 Wet Insulation	6,196,91	0.00	6,196,91	0.00	6,196.91	100.00	0.00	309 85
	REPORT TOTALS	\$1,997,534,91	\$1,569,526,30	\$156,501,66	\$0.00	\$1,726,027,96	86,41	\$271,506.95	\$86,301 40

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O Invoice Overview (UNI P	urchasing User) (1996)	Kerresoner	a de la compañía de l	akadakada katalah	00000000000 🗹 🛪	i × Ì
Trading Partner	Black Hawk Roof Co Inc			Site	Cedar Falls	
Supplier Num	11651	1 5 2 . 10		Operating Unit	University of Northern	1
Invoice Num	136496-Pay App No. 03	Туре	Standard	Date	31-MAY-2023	
Batch Name	ymb060123a	Currency	USD	Amount	148676.5	8
Voucher	644499			Unpaid	0.0	0
PÓ Number	136496	Release	3	Unapplied	the states of the states	
Receipt Num				Settlement Date		
- Invoice Status			Description	12/1/22-5/31/23 V	Vellness Recreation C	tr
Approval	Not Required	Active H	old	Reason		
Status	Validated					
Accounting	Processed		Call 1 and 1			
Payment	Fully Paid			ter in a list of the		
Scheduled Payme	ents	2		-Actual Payment	is	
Curr An	nount Remaining	Due Date	Held	Paid By	Paid On	
USD 1486	76.58 0.00	31-MAY-2023		327362 - Electror	02-JUN-2023	1
Payment Overview	View <u>R</u> eceipt			upplier l	nvoice Workbench)
	Shinalah Salaman			and the little with		

AIA Type Document Application and Certification for Payment

TO (OWNER): University of Northern Iowa Accounts Payable GIL 103 0008 Cedar Falls, IA 50614	PROJECT: UNI WRC Phase I Roof Replace	APPLICATION NO: 4 PERIOD TO: 6/30/2023	DISTRIBUTION TO: OWNER ARCHITECT CONTRACTOR
FROM (CONTRACTOR): Black Hawk Roof Co., Inc 619 E, 19th St Cedar Falls, IA 50613	VIA (ARCHITECT):	ARCHITECT'S PROJECT NO:	

CONTRACT FOR:

Application is made for Payment, as shown belor Continuation Sheet, AIA Type Document is attac		e Contract
1. ORIGINAL CONTRACT SUM	s	1,991,338.00
2. Net Change by Change Orders	s	84.047.87
3. CONTRACT SUM TO DATE (Line 1 + 2)	s	2,075,385.87
4. TOTAL COMPLETED AND STORED TO D	ATE	2,075,385.87
5. RETAINAGE:		
a 5.00% of Completed Work	\$ 103.7	69 30
bC.CC% of Stored Material	\$	0.00
Total retainage (Line 5a + 5b)	\$	103,769 30
6. TOTAL EARNED LESS RETAINAGE (Cline 4 less Line 5 Total)		1,971,616.57
7. LESS PREVIOUS CERTIFICATES FOR PA (Line 6 from prior Certificate)		1,639,726.56
8. CURRENT PAYMENT DUE		331,890.01
9. BALANCE TO FINISH, INCLUDING RETAI (Line 3 less Line 6)	NAGE \$103,7	69.30
CHANGE ORDER SUMMARY	ADDITIONS	DEDUCTIONS
Total changes approved in previous months by Owner	6,196.91	0.00
Total approved this Month	77,850.96	0.00

84,047 87

84,047.87

TOTALS

NET CHANGES by Change Order

JUBERACTUR S APPLICATION FOR PAYMENT

CONTRACT DATE:

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.

Page 1 of 2

CONTRACTOR Black Hawk Roof Co., Inc.

619 E 19th St Cedar Falls, IA 50613

By:

State of IA

County of: Black Hawk Subscribed and Sworn to before me this GREG HERTING Notary Public G COMMISSION NO. 830125 MY COMMISSION EXPIRES My Commission Expires : Z 11/24

ARCHITECT'S CERTIFICATE FOR PAYMENT

In Accordance with the Contract Documents, based on on-site observations and the data comprising the above application, the Architect certifies to 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

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

By

0.00

Date

\$

Date:

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.

University of Northern Iowa APPLICATION FOR PAYMENT

PAYC - 4 Page 3 of 3

This is to certify that the work listed hereon has been completed in accordance with the Contract Documents and that all lawful charges for labor, materials, etc. covered by previous applications have been paid.

CONSTRUCTOR: Black Hawk Roof Co Inc - Cedar Falls

DocuSigned by: By: Mike berker -68FDF0876AE04E6 06/20/2023 Date:

RECOMMEND ACCEPTANCE: DESIGN PROFESSIONAL

DocuSigned by: Nathan Compton By: -C2540D03FE534E6

06/20/2023 Date:

Work in Place From Previous Application(s) Work Completed This Period Total Materials Presently Stored	\$1,726,027.96 \$349,357.91 \$ 0.00
TOTAL COMPLETED AND STORED TO DATE	\$2,075,385.87
Retainage: (Withholding 5% from Total Completed and Stored to Date)	\$103,769.30
Less Previous Amount Requested	\$1,639,726,56
CURRENT PAYMENT DUE	\$331,890.01

APPROVED: UNIVERSITY OF NORTHERN IOWA

DocuSigned by: By: Phillip O'longhlin 4CF8097128E8401 06/20/2023

Date:

DocuSigned by:

06/20/2023 Date:

By:



O Invoice Overview (UNI I	Purchasing User)		00000000000		999999999999 ⊻ ज ×
Trading Partner	Black Hawk Roof Co Inc			Site	Cedar Falls
Supplier Num	11651			Operating Unit	University of Northern I
Invoice Num	136496-Pay App No. 04	Туре	Standard	Date	21-JUN-2023
Batch Name	ymb062123a	Currency	USD	Amount	331890.01
Vouche	644772			Unpaid	0.00
PO Numbe	136496	Release	4	Unapplied	
Receipt Num		R. S. S. S. S.	The state of the state	Settlement Date	
- Invoice Status			Description	6/1-30/23 Wellne	ss Recreation Ctr Roof I
Approval	Not Required	Active H	old	Reason	
Status	Validated		R LA	1	
Accounting	Processed		محدم إرتار	and a state of the	
Paymen	Fully Paid				
- Scheduled Paym	ents			-Actual Payment	ts
Curr A	mount Remaining	Due Date	Held	Paid By	Paid On
USD 331	890.01 0.00	21-JUN-2023		328160 - Electron	22-JUN-2023
				1 N. 13	
Payment Overview	View Receipt			Supplier I	nvoice Workbench
A ANY ANY AREAS	THE WARD WAR		1 - CALLER	医外 当 一个生	- Fold

		e Document ertification for Payment		Page 1 of 2
TO (OWNER): University of Northern Iowa Accounts Payable GIL 103 0008 Cedar Falls, IA 50614	PROJECT: UNI WRC	Phase I Roof Replace	APPLICATION NO: 5 PERIOD TO: 10/31/2023	DISTRIBUTION TO: OWNER ARCHITECT CONTRACTOR
FROM (CONTRACTOR): Black Hawk Roof Co., Inc 619 E. 19th St Cedar Falls, IA 50613	VIA (ARCHITECT):		ARCHITECT'S PROJECT NO:	
CONTRACT FOR:			CONTRACT DATE:	
CONTRACTOR'S APPLICAT Application is made for Payment, as shown below, in Continuation Sheet, AIA Type Document is attached.		the work covered b Documents, that al Payment were issu	by this application for Payment has been co	or for Work for which previous Certificates for
1. ORIGINAL CONTRACT SUM	\$ 1,991,338.00			
2. Net Change by Change Orders	\$ 125,879.16		Black Hawk Roof Co., Inc 619 E. 19th St Cedar Falls, IA 50613	
3. CONTRACT SUM TO DATE (Line 1 + 2).	\$\$		1	
4. TOTAL COMPLETED AND STORED TO DATE	\$\$	By: 5	25	Date: 10/24/23
5. RETAINAGE: a. <u>5.00</u> % of Completed Work	\$105,860.86	State of: IA County of: Black H	Hawk	
b0.00% of Stored Material	\$0.00	Subscribed and Subscr	worn to before me this 24	Day of Oct 20 23

 Total retainage (Line 5a + 5b)
 \$ 105,860.86

 6. TOTAL EARNED LESS RETAINAGE
 \$ 2,011,356.30

 (Line 4 less Line 5 Total)
 \$ 105,860.86

7. LESS PREVIOUS CERTIFICATES FOR PAYMENT

(Line 6 from prior Certificate)	\$ 1,971,616.57
8. CURRENT PAYMENT DUE	\$ 39,739.73

9. BALANCE TO FINISH, INCLUDING RETAINAGE (Line 3 less Line 6) \$

105,860.86

CHANGE ORDER SUMMARY	ADDITIONS	DEDUCTIONS
Total changes approved in previous months by Owner	84,047.87	0.00
2		
Total approved this Month	41,831.29	0.00
TOTALS	125,879.16	0.00
NET CHANGES by Change Order	125,879.16	

ARCHITECT'S CERTIFICATE FOR PAYMENT

AMOUNT CERTIFIED \$

In Accordance with the Contract Documents, based on on-site observations and the data com-

prising the above application, the Architect certifies to 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

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

ARCHITECT:

By:

Notary Public:

My Commission Expires :

AMOUNT CERTIFIED.

Date:

nom

COMMISSION

MY COMMISSION EXPIRES

NO. 813074

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.

	of Northern Iowa DN FOR PAYMENT	PAYC - 5 Page 3 of 3
This is to certify that the work listed hereon has been completed in accordance with the Contract Documents and that all lawful charges for labor, materials, etc. covered by previous applications have been paid.	Work in Place From Previous Application(s) Work Completed This Period Total Materials Presently Stored	\$2,075,385.87 \$41,831.29 \$ 0.00
CONSTRUCTOR: Black Hawk Roof Co Inc - Cedar Falls	TOTAL COMPLETED AND STORED TO DATE	\$2,117,217.16
CONSTRUCTOR, Black Hawk Root Colline - Cedar Fails	Retainage: (Withholding 5% from Total Completed and Stored to Date)	\$105,860.86
DocuSigned by:	Less Previous Amount Requested	\$1,971,616.57
By:	CURRENT PAYMENT DUE	\$39,739.73
Date:10/25/2023		
RECOMMEND ACCEPTANCE: DESIGN PROFESSIONAL I & S Group Inc - WATERLOO	APPROVED: UNIVERSITY OF NORTHERN IOWA Final Approver	
By: Docusigned by: Nathan Compton czshodowsfessales	By:	
Date:10/26/2023	Date: 10/30/2023	
	APPROVED: UNIVERSITY OF NORTHERN IOWA	
	Construction Project Manager	
	Daw Kittaers	
	By:	

Date:

10/27/2023



O Invoice Overview (UNI P	urchasing User) 1999-999	44446446444644		000000000000000000000000000000000000000	ionaanoona 🗹	л×
Trading Partner	Black Hawk Roof Co Inc	die Long of the		Site	Cedar Falls	
Supplier Num	11651			Operating Unit	University of North	ern I
Invoice Num	136496 - Pay App No. 0	Туре	Standard	Date	24-OCT-2023	
Batch Name	kjb110623a	Currency	USD	Amount	39739	9.73
Voucher	646687			Unpaid		0.00
PO Number	136496	Release	5	Unapplied		121
Receipt Num				Settlement Date		
Invoice Status			Description	Construction Con	tract for "Wellness	Rec
Approval	Not Required	Active H	old	Reason	all near states and	
Status	Validated					
Accounting	Processed					
Payment	Fully Paid					9
- Scheduled Payme	ints			-Actual Payment	s	100
Curr An	nount Remaining	Due Date	Held	Paid By	Paid On	
USD 397	39.73 0.00	24-OCT-2023		334266 - Electron	07-NOV-2023) Â
Payment Overview	View <u>R</u> eceipt		5	upplier li	nvoice Workbench	
					Alf Block with	100

		AIA Type Doe Application and Certific			Page 1 of 2
TO (OWNER): University of Northern Iowa Accounts Payable GIL 103 0008 Cedar Falls, IA 50614		PROJECT: UNI WRC Phase	e i Roof Replace	APPLICATION NO: 6 PERIOD TO: 10/31/2023	DISTRIBUTION TO: OWNER ARCHITECT CONTRACTOR
FROM (CONTRACTOR): Black Hawk Roof Co. 619 E. 19th St Cedar Falls, IA 50613		VIA (ARCHITECT):		ARCHITECT'S PROJECT NO:	
CONTRACT FOR:				CONTRACT DATE:	
CONTRACTOR'S APPLICA Application is made for Payment, as shown below Continuation Sheet, AIA Type Document is attach	, in connection with the		the work covered by Documents, that all Payment were issue	Contractor certifies that to the best of the Contracto y this application for Payment has been completed amounts have been paid by the Contractor for Wo ed and payments received from the owner, and tha own herein is now due.	I in accordance with the Contra ork for which previous Certificate
1. ORIGINAL CONTRACT SUM	\$	1,991,338.00	ourient payment sh		
2. Net Change by Change Orders	\$	125,879.16		Black Hawk Roof Co., Inc 619 E. 19th St Cedar Falls, IA 50613	
3. CONTRACT SUM TO DATE (Line 1 + 2)	\$	2,117,217.16	~~~~~		
4. TOTAL COMPLETED AND STORED TO DA	TE\$	2,117,217.16	ву:	Date:	iolzslzz
5. RETAINAGE: a0.00% of Completed Work b0.00% of Stored Material Total retainage (Line 5a + 5b)	\$	0.00 0.00 0.00	Notary Public:	rorn to before me this Da	ay of <u>Cct</u> 20 <u>2</u> 3
6. TOTAL EARNED LESS RETAINAGE (Line 4 less Line 5 Total)	\$	2,117,217.16	ARCHITEC	CT'S CERTIFICATE FOR	COMMISSION NO.
7. LESS PREVIOUS CERTIFICATES FOR PAY (Line 6 from prior Certificate)		A CONTRACTOR OF A CONTRACTOR O	prising the above ap knowledge, informa	the Contract Documents, based on on-site ebeen oplication, the Architect certifies to owner that to th tion and belief the Work has progressed as indicat	e best of the Architect's ed,the quality of the work
8. CURRENT PAYMENT DUE		105,860.86	is in accordance wil AMOUNT CERTIFI	th the Contract Documents, and the Contractor is ED.	entitled to payment of the
9. BALANCE TO FINISH, INCLUDING RETAIN (Line 3 less Line 6)		0.00		IED\$	
CHANGE ORDER SUMMARY	ADDITIONS	DEDUCTIONS		if amount certified differs from the amount applied the Continuation Sheet that are changed to confor	
Total changes approved in previous months by Owner	84,047.87	0.00	ARCHITECT: By:	Date:	
Total approved this Month	41,831.29	0.00		ot negotiable. The AMOUNT CERTIFIED is payat	
TOTALS	125,879.16	0.00		ance, Payment and acceptance of payment are wit or Contractor under this Contract.	hout prejudice to any

		of Northern Iowa	іт	PAYC - 6 Page 3 of 3
This is to certify that the work listed herec in accordance with the Contract Documer charges for labor, materials, etc. covered applications have been paid.	nts and that all lawful	Work Complet	From Previous Application(s) ed This Period s Presently Stored	\$2,117,217.16 \$ 0.00 \$ 0.00
CONSTRUCTOR: Black Hawk Roof Co In	nc - Cedar Falls	Retainage: (W Completed an	PLETED AND STORED TO DATE httholding 5% from Total d Stored to Date) Amount Requested	\$2,117,217,16 \$ 0.00 \$2,011,356.30
Ву:		CURRENT PA	YMENT DUE	\$105,860.86
Date: 12/08/2023				
RECOMMEND ACCEPTANCE: DESIGN PRO	PFESSIONAL	APPROVED:	UNIVERSITY OF NORTHERN IOWA Final Approver	
By:C2540003FE3468		By:	Phillip O'Longhlin 4CF8087128E8401.	
Date: 12/11/2023		Date:	12/12/2023	
		APPROVED:	UNIVERSITY OF NORTHERN IOWA	
		By:	Dan Killyurs	
		Date:	12/11/2023	

prod of payment

O Invoice Overview (UNI Pu	urchasing User) (2000-000-				194944444444 🗹	л×
Trading Partner	Black Hawk Roof Co Inc			Site	Cedar Falls	
Supplier Num	11651			Operating Unit	University of North	ern I
Invoice Num	136496 - Pay App No. 0	Туре	Standard	Date	27-NOV-2023	
Batch Name	mkw121223a	Currency	USD	Amount	105860	0.86
Voucher	647200			Unpaid		0.00
PO Number	136496	Release	6	Unapplied		0
Receipt Num				Settlement Date	sérver 6, m	
 Invoice Status 			Description	11/1-11/30/23 We	Iness Recreation (Cent
Approval	Not Required	Active H	old	Reason		
Status	Validated					
Accounting	Processed		19472-2004-0			
Payment	Fully Paid					J
- Scheduled Payme	nts			Actual Payment	s	¥ 91
Curr An	ount Remaining	Due Date	Held	Paid By	Paid On	1
USD 1058	50.86 0.00	27-NOV-2023		336031 - Electror	13-DEC-2023	Â
						J
			The marked by			JAL B
Payment Overview	View Receipt		S	upplier Ir	woice Workbench	
Mintel Street in a						No.

proof of payment

Project	Wellness Recreation Center Roof Replacement Phase 1
Description	FM Design & Construction Fees (UNI)
Line Item:	1149
Assumption:	
Allow Charges:	
Approval Required For Change	

nancial Summary Notes (0) Budget Changes (2) Commitments (1) Commitment Changes (2) Actual Costs (20) Custom Fields (0) Documents (0) Forms (0) Processes (0)

inv #	Invoice Desc	Commitment	Company	Date Received	s= Status	Total Invoice Amount Invoice A	mount This Line Ite
WO 48815-Classic line 1	FM Design Fees assessment		UNI internal	03.31.2022	Paid	554.85	554.
WO 48815-Classic line 2	FM Design Fees assessment		UNI internal	04.30.2022	Paid	633.79	633.
WO 48815-Classic line 3	FM Design Fees assessment		UNI internal	05.31.2022	Paid	309.28	309.
WO 48815-Classic line 4	FM Design Fees assessment		UNI internal	06.30.2022	Paid	413.79	413.
WO 48815-Classic line 5	FM Design Fees assessment		UNI internal	07.29.2022	Paid	74.23	74.
WO 48815-Classic line 6	FM Design Fees assessment		UNI internal	10.31.2022	Paid	40,595.52	40,595.
WO 48815-Classic line 7	FM Design Feas assessment		UNI internal	11.30.2022	Paid	113.25	113.
WO 48815-Classic line 8	FM Design Fees assessment		UNI internal	12.22.2022	Paid	5,542.67	5,542
WO 48815-Classic line 9	FM Design Fees assessment		UNI internal	01.31.2023	Paid	34.07	34.
WO 48815-Classic line 10	FM Design Fees assessment		UNI internal	02.28.2023	Paid	190.06	190.
WO 48815-Classic line 11	FM Design Fees assessment		UNI internal	03.31.2023	Paid	222.79	222.
WO 48815-Classic line 12	FM Design Fees assessment		UNI internal	04.28.2023	Paid	193.14	193.
WO 48815-Line 1	Invoice	FM48815 - Facilities Management Design Fees	UNI Internal Commitments DO NOT USE on PREQs	05.31.2023	Paid	214.29	214
WO 48815-Line 1	Invoice	FM48815 - Facilities Management Design Fees	UNI Internal Commitments DO NOT USE on PREQs	06.30.2023	Paid	19,376.38	19,376.
WO 48815-Line 3	Invoice	FM48815 - Facilities Management Design Fees	UNI Internal Commitments DO NOT USE on PREQs	07.31.2023	Paid	762.34	762.
AND THE PROPERTY OF A DESCRIPTION OF A D	Invoice	FM48815 - Facilities Management Design Fees	UNI Internal Commitments DO NOT USE on PREQs	08.31.2023	Paid	1,081.42	1,081.
WO 48815-Line 4	Invoice	FM48815 - Facilities Management Design Fees	UNI Internal Commitments DO NOT USE on PREQs	09.30.2023	Paid	433.22	433
WO 48815-Line 5		FM48815 - Facilities Management Design Fees	UNI Internal Commitments DO NOT USE on PREQs	10.31.2023	Paid	1.25	1.
WO 48815-Line 6	Invoice	FM48815 - Facilities Management Design Fees	UNI Internal Commitments DO NOT USE on PREQs	11.30.2023	Paid	1,787.08	1,787
WO 48815-Line 8	Invoice	FM48815 - Facilities Management Design Fees	UNI Internal Commitments DO NOT USE on PREQs	12.24.2023	Paid	4,322.63	4,322
WO 48815-Line 10	Invoice	rivision 12 - racilities management pesign rees		THE REPORT OF	- 11	76.856.05	76,856.0

Newton, Victoria [TOS]

From:	Sarah Harms <sarah.harms@uni.edu></sarah.harms@uni.edu>
Sent:	Friday, March 22, 2024 3:41 PM
То:	Hollingsworth, Tammy [AOS]
Cc:	ExecutiveCouncil [TOS]
Subject:	Re: Final Report: 12-15-21 Wind Storm

Tammy -

I think I have a simple explanation, but it can also sound confusing! When the storm came through and damaged the roof, only parts of the roof were damaged (roof 3 and 12b). However, once the work began we decided to repair more of the roof. So the invoices I submitted are just for the roof areas related to the wind damage. ISG and Black Hawk Roof did additional work on the WRC at the same time and therefore submitted other invoices that aren't related to the claim. Also, these two vendors assisted with the roof repair for Nielsen Fieldhouse, which was also damaged by the wind storm. That part of the 29c20 claim has already been processed (which was submission #1 of this claim). I hope that helps but if you need anything else, or would prefer a call/zoom let me know.

Thanks - and have a good weekend, Sarah

On Wed, Mar 20, 2024 at 9:03 AM Tammy Hollingsworth <<u>Tammy.Hollingsworth@aos.iowa.gov</u>> wrote:

Sarah,

I have a couple of questions regarding this request.

- For the I&S Group claims, total request of \$66,200.00. When looking at the support, I noticed the following. For invoice #90293, the prior billed amount is \$63,900, but according to the payments the total paid has only been \$56,400. For invoice #98539, the prior billed amount is \$70,200, but according to the payments the total paid has only been \$61,400. I'm wondering if there are some invoices missing from the request? Or is it possible that the prior billed amounts per the vendor invoices are incorrect? The total contract is for \$75,000, with only \$66,200 in payments, a difference of \$8,800, which is the difference on the last invoice between the prior billed amount and payments noted.
- 2. For the Black Hawk Roof Co, Inc invoices, why are we starting with application #3? Do the previous payments oF \$1,491,049.98 not qualify for 29C.20 reimbursement?

Tammy

From: Sarah Harms < sarah.harms@uni.edu>

Sent: Friday, March 1, 2024 4:25 PM

To: Nash, John C [BOARD] <<u>john.nash@iowaregents.edu</u>>; ExecutiveCouncil [TOS] <<u>ExecutiveCouncil@tos.iowa.gov</u>>; Tammy Hollingsworth <<u>Tammy.Hollingsworth@AOS.IOWA.GOV</u>>

Subject: Final Report: 12-15-21 Wind Storm

CAUTION: This email originated from outside of AOS. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Good Morning -

Please see the attached final report regarding damage due to a wind storm on UNI's campus on Dec. 15, 2021. This relates to AOS Claim 2249.

Thank you, Sarah

-

Sarah Harms Assistant to the Senior Vice President

University of Northern Iowa Office of the Senior Vice President for Finance & Operations 319-273-2382 122 LANG HALL / Cedar Falls, IA 50614-0003 <u>uni.edu</u>

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Auditor.lowa.Gov

Sarah Harms Assistant to the Senior Vice President

University of Northern Iowa Office of the Senior Vice President for Finance & Operations 319-273-2382 122 LANG HALL / Cedar Falls, IA 50614-0003 <u>uni.edu</u>

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