

Contractor's Application For Payment

Owner: <u>City of Sidney, Montana</u>	Owner's Project Number: <u>WR23-00-035</u>
Engineer: <u>Interstate Engineering, Inc.</u>	Engineer's Project Number: <u>WR23-00-035</u>
Contractor: <u>Advanced Lining, LLC</u>	Contractor's Project Number: <u>1351</u>
Project: <u>200,000 Gal On-Ground Water Tank Relining</u>	
Contract: <u>200,000 Gal On-Ground Water Tank Relining</u>	

Application No.: 3 Application Date: 10/8/2024
 Application Period: From 11/1/2023 to 10/8/2024

1. ORIGINAL CONTRACT PRICE	\$	<u>204,266.00</u>
2. Net change by Change Orders	\$	<u>40,500.00</u>
3. CURRENT CONTRACT PRICE (Line 1 ± 2)	\$	<u>244,766.00</u>
4. Total Work completed and material stored to date <small>(Sum of Column G Lump Sum Total and Column L Unit Price Total)</small>	\$	<u>244,766.00</u>
5. RETAINAGE:		
a. 5.0% x Work Completed	\$	<u>12,238.30</u>
b. 5.0% x Stored Material	\$	<u>0.00</u>
c. Total Retainage (Line 5.a + 5.b)	\$	<u>12,238.30</u>
6. SET-OFFS:		
a. Direct Expenses (Reimbursable)	\$	<u> </u>
b. Liquidated Damages (Non-Reimbursable)	\$	<u>45,500.00</u>
c. Total Direct Expenses (Line 6.a + 6.b)	\$	<u>45,500.00</u>
7. AMOUNT ELIGIBLE TO DATE (Line 4 - Line 5.c - Line 6.c)	\$	<u>187,027.70</u>
8. LESS PREVIOUS PAYMENTS (Line 7 from prior Application)	\$	<u>143,802.70</u>
9. GROSS AMOUNT DUE THIS APPLICATION	\$	<u>43,225.00</u>
10. 1% MT GROSS RECEIPTS TAX	\$	<u>432.25</u>
11. NET AMOUNT DUE THIS APPLICATION	\$	<u>42,792.75</u>
12. BALANCE TO FINISH + RETAINAGE (Line 3 - Line 4 + Line 5.c)	\$	<u>12,238.30</u>

Contractor's Certification


The undersigned Contractor certifies, to the best of its knowledge, the following:


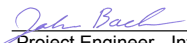
(1) All previous progress payments received from Owner on account of Work done under the Contract have been applied on account to discharge Contractor's legitimate obligations incurred in connection with the Work covered by prior Applications for Payment;

(2) Title to all Work, materials and equipment incorporated in said Work, or otherwise listed in or covered by this Application for Payment, will pass to Owner at time of payment free and clear of all Liens, security interests and encumbrances (except such as are covered by a bond acceptable to Owner indemnifying Owner against any such liens, security interest or encumbrances); and

(3) All Work covered by this Application for Payment is in accordance with the Contract Documents and is not defective.

Contractor: Advanced Lining, LLC

Signature:  Date: 10/18/24

<p>Recommended by Engineer:</p> <div style="text-align: center;">  <p>INTERSTATE ENGINEERING <small>Professionals You Need, People You Trust.</small></p> </div> <p>By: <u></u></p> <p>Title: <u>Project Engineer - Interstate Engineering</u></p> <p>Date: _____</p>	<p>Approved by Owner:</p> <p>By: _____</p> <p>Title: <u>Mayor - City of Sidney, MT</u></p> <p>Date: _____</p>
<p>Approved by Funding Agency:</p> <p>By: _____</p> <p>Title: _____</p> <p>Date: _____</p>	

Progress Estimate - Unit Price Work

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Application No.: **3** Application Period: From 11/1/2023 To 10/8/2024 Application Date: 10/8/2024

A Bid Item No.	B Description	C Contract Information				G Work Completed				K Materials Currently Stored (not in G or H) (\$)	L Work Completed and Materials Stored to Date (J+K) (\$)	M % of Value of Item (L / F)	N Balance to Finish (F - L) (\$)	Pay Estimate 01	Pay Estimate 02	Pay Estimate 03	Pay Estimate 04	Total
		C Item Quantity	D Units	E Unit Price (\$)	F Value of bid Item (Cx E) (\$)	G Estimated Quantity Incorporated Previously	H Estimated Quantity Incorporated This Period	I Estimated Quantity Incorporated To Date	J Value of Work Completed to Date (E* I) (\$)									
Original Contract																		
100	Mobilization, Gen Req. Taxes, Bonds, and Ins	1	LS	\$40,680.00	\$40,680.00	0.5	0.5	1.00	\$40,680.00		\$40,680.00	100.00%	\$-					0
101	Interior Surface Prep.	1	LS	\$23,800.00	\$23,800.00	0.5	0.5	1.00	\$23,800.00		\$23,800.00	100.00%	\$-					0
102	Interior Coating	5180	SF	\$25.00	\$129,500.00		5180	5180.00	\$129,500.00	\$-	\$129,500.00	100.00%	\$-					0
103	Final Cleaning and Disinfection	1	LS	\$5,286.00	\$5,286.00		1	1.00	\$5,286.00		\$5,286.00	100.00%	\$-					0
104	Miscellaneous Work	5000	Units	\$1.00	\$5,000.00			0.00	\$-		\$5,000.00	100.00%	\$-					0
					\$-			0.00	\$-		\$-	0.00%	\$-					0
Original Contract Totals					\$204,266.00			5183.00	\$199,266.00	\$-	\$204,266.00		\$-					0
Change Orders																		
CO1	Balancing CO for misc work that will not be comp	1		\$-	\$(5,000.00)			\$-	\$-		\$(5,000.00)	100.00%	\$-					0
CO2	Upgrade from 1 layer to 3 layer	1		\$-	\$45,500.00			\$-	\$-		\$45,500.00	100.00%	\$-					0
				\$-	\$-			\$-	\$-		\$-	#DIV/0!	\$-					0
				\$-	\$-			\$-	\$-		\$-	#DIV/0!	\$-					0
				\$-	\$-			\$-	\$-		\$-	#DIV/0!	\$-					0
				\$-	\$-			\$-	\$-		\$-	#DIV/0!	\$-					0
Change Order Totals					\$40,500.00			\$-	\$-	\$-	\$40,500.00		\$-					0
Original Contract and Change Orders																		
Project Totals					\$244,766.00			\$5,183.00	\$199,266.00	\$-	\$244,766.00		\$-					

1% Contractor's Gross Receipts Gross Receipts Withholding Return

Form CGR-2 is required to be completed and mailed to the Department of Revenue within 30 days after each payment is made to the prime contractor or subcontractor.

1.	Contract Awarded by: Enter the federal employer identification number, business name and address. Place an "X" in "Government Entity" box if you are remitting the 1% contractor's gross receipts payment on behalf of a prime contractor. Place an "X" in the "Prime Contractor" box if you are allocating the 1% contractor's gross receipts from your prime contractor's account to your subcontractor's account. <div style="text-align: center;"> <input type="checkbox"/> Government Entity <input checked="" type="checkbox"/> Prime Contractor </div> Federal Identification Number (FEIN): 81-6001310 Name: City of Sidney, MT Address: 115 2nd Street SE City: Sidney State: MT Zip Code: 59270	
2.	Contract Awarded to: Enter the federal employer identification number, business name and address. Place an "X" in the "Prime Contractor" box if you are remitting the 1% contractor's gross receipts on behalf of a prime contractor. Place an "X" in "Subcontractor" box if you are allocating the 1% contractor's gross receipts from your prime contractor's account to your subcontractor's account. <div style="text-align: center;"> <input type="checkbox"/> Prime Contractor <input checked="" type="checkbox"/> Sub-Contractor </div> Federal Identification Number (FEIN): 84-2268386 Name: Advanced Lining, LLC Address: 81 Gold Miner Lane Unit A City: Belgrade State: MT Zip Code: 59714	
3.	Enter the Government Issued Purchase Order Number here.....	3. WR23-00-035
4.	Enter the contract award date here.....	4. 5/15/2023
5.	Enter the month and year this payment was earned.....	5. Sep-24
6.	Enter the gross dollar amount due to the prime contractor or sub-contractor here.....	6. \$43,225.00
7.	Multiply the amount on line 6 by 1% (.01) and enter the result here. This is your 1% Contractor's Gross Receipts.....	7. \$432.25
8.	Subtract line 7 from line 6 and enter the result here. This is the net amount paid to the prime contractor or subcontractor.....	8. \$42,792.75
9.	Check the box below that identifies the type of return you are filing and enter the date the payment was made to the prime contractor or subcontractor.....	9.
9(a)	<input checked="" type="checkbox"/> I am enclosing the amount reported on line 7 for credit to my prime contractor's account.	
9(b)	<input type="checkbox"/> I am allocating the amount reported on line 7 for credit to my subcontractor's account.	
10.	Enter a description of work to be performed under this contract. 200,000 Gal On-Ground Water Tank Relining	
11.	Enter the location in Montana where this work is performed. Be specific with your description. Sidney, MT	
Withholding return submitted by: Select the appropriate box identifying which entity is completing this return; sign this return and enter the information requested below. <div style="text-align: center;"> <input type="checkbox"/> Government Entity <input type="checkbox"/> Prime Contractor <input type="checkbox"/> Sub-Contractor </div>		
Preparer's Signature: _____ Date: January 0, 1900 Preparer's Title: _____ Telephone Phone: _____ Fax Number: _____		

For Information Only
Owner must
e-file at <http://tap.dor.mt.gov>.

Please mail this registration to:
Department of Revenue, P.O. Box 5835, Helena, MT 59604-5835