

November 18, 2024

M E M O R A N D U M

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 – TSC Dental Simulation Lab Remodel in
Academic Support (AP) Building No. 03

Item Description

This item requests approval from the District Board of Trustees for the attached Certificate of Final Inspection, Office of Educational Facilities (OEF) Form 209, for the TSC Dental Simulation Lab Remodel in Academic Support (AP) Building No. 03 Project, located in the Academic Support (AP) Building #03 at TSC Site 1 – Main Campus.

Overview and Background

In accordance with TSC 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 (CMAR) for this project, Allstate Construction, Inc. 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 a federal grant and local college funds. 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 November 27, 2023 District Board of Trustees meeting.

Recommended Action

Approve the attached Certificate of Final Inspection, Office of Educational Facilities (OEF) Form 209, authorizing final payment to contractor, Allstate Construction, Inc. for the TSC Dental Simulation Lab Remodel in Academic Support (AP) Building No. 03 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) 245-9236 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: 4829-1 OEF Assigned Project Number

Tallahassee State College (School District Florida College)

Site I - Main Campus (School Name Campus)

27 (School College) Code Number

Dental Simulation Lab Remodel in Academic Support (AP) Building#03 Description of Project

SECTION A: BOARD'S ACCEPTANCE

Upon the recommendation of our Project (Architect Engineer) as certified in Section B below, in accordance with Chapter 1013, F.S., THE BOARD ACCEPTED the above-referenced project on November 18, 2024

Name (Type or Print) _____

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, F.S.; and the Florida Building Code.

Signature: [Signature] Date: 11/01, 2024

Firm Name: DAG Architects

Address: 1223 Airport Road, #104 Destin Florida 32541

Street/P.O. Box City State Zip

SECTION C: Building Official Other (Specify) Certification

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) George F. Kimbrel III BU 2140

Signature: [Signature] Date: 11/1/24

(Building Official Certified Inspector)

SECTION D: FACILITY INFORMATION.

1. TYPE OF PROJECT: <input type="checkbox"/> New Plant <input type="checkbox"/> Addition <input checked="" type="checkbox"/> Remodeling <input type="checkbox"/> Renovation <input type="checkbox"/> _____	2. CORRECTED "SPACE INVENTORY REPORT" (land, building, room) HAS BEEN FILED WITH THE OEF: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A If "No," explain: _____
3. SOURCE OF FUNDS: <input checked="" type="checkbox"/> Local <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> _____	4. ADJUSTED FINAL CONTRACT AMOUNT: \$ <u>912,856.07</u>
	5. PROJECT GROSS SQUARE FOOTAGE: <u>2041</u> SQ. FT.
	6. COST PER GROSS SQUARE FOOT: \$ <u>447.26</u>
	7. COST PER STUDENT STATION: \$ <u>29,447</u>

CERTIFICATE OF FINAL INSPECTION (CFI)

8. BUILDING CONTRACT DATE: <u>12/05/2023</u>	COMPLETION DATE: <u>08/02/2024</u>
Substantial	
9. CHANGE ORDERS - List of each Change Order and amount (excluding Direct Purchase amounts).	
C.O. No. <u>1</u> \$ <u>-86,654.84</u>	C.O. No. _____ \$ _____
C.O. No. _____ \$ _____	C.O. No. _____ \$ _____
C.O. No. _____ \$ _____	C.O. No. _____ \$ _____
C.O. No. _____ \$ _____	C.O. No. _____ \$ _____

10. Date of Occupancy: <u>11/01/2024</u>
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11. Additional Information:
