

November 18, 2024

MEMORANDUM

- 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 USE ONLY	
	325 West Gaines Street, Room			
1 1	Tallahassee, Florida 32399-0	400		
(850) 245-0494			
F F	Fax (850) 245-9236 or (850) 2	245-9304		
INSTRU	CTIONS: Submit for OEF files	one copy of the completed form for all projects		
		0,000. Mark the appropriate term within the		
		n sufficient quantity for your use. Section		
1013.37(2)(c), F.S.			
RE:	4829-1		OEF Assigned Project Nu	umber
	Tallahassee State College		(School District 🕱 Florida Coll	llege)
	Site 1 - Main Campus		(□ School Name ¤ Can	mpus)
	27		(College) Code Nu	umber
	Dental Simulation Lab Ro	emodel in Academic Support (AP) Buildi	ng#03 Description of Pr	roject
SECTION A	: BOARD'S ACCEPTANCE			
Upon the	recommendation of our Project (Architect Dengineer) as certified in Section B below	, in accordance with Chapter 1013, F.S., 1	THE
		ject on <u>November 18, 202</u>	4	
Name (Typ	be or Print)			
Signature:		Date: nt □ President)		_
	(g Superintende	nt 🗆 President)		
SECTION F	: (ARCHITECT DENGINEER) C	ERTIFICATION		
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8. BUILDING CONTRACT DATE:	12/05/2023	Substantial COMPLETION DATE:	08/02/2024
. CHANGE ORDERS - List of each	Change Order and amount (exclu	uding Direct Purchase amounts	5).
C.O. No	\$86,654.84	C.O. No	
C.O. No	\$	C.O. No	
C.O. No	\$	C.O. No	\$
C.O. No	\$	C.O. No	
Date of Occupancy:11/01	/2024		
Additional Information:			
209 6A-2.0010, FAC			Page 2 Effective November

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