



PROJECT: Mendon 2024 Bond

DATE: December 22, 2024

TO: Mendon Community Schools  
148 Kirby Rd  
Mendon, MI 49072

REF: Payment Application

ATTN: Lisa VanZoest

WE ARE SENDING:	SUBMITTED FOR:	ACTION TAKEN:
<input type="checkbox"/> Shop Drawings	<input checked="" type="checkbox"/> Approval	<input type="checkbox"/> Approved as Submitted
<input type="checkbox"/> Letter	<input type="checkbox"/> Your Use	<input type="checkbox"/> Approved as Noted
<input type="checkbox"/> Prints	<input type="checkbox"/> As Requested	<input type="checkbox"/> Resubmit
<input type="checkbox"/> Change Order	<input type="checkbox"/> Review and Comment	<input type="checkbox"/> Submit
<input type="checkbox"/> Plans	<input type="checkbox"/> Your Files	<input type="checkbox"/> Returned
<input type="checkbox"/> Samples	<input type="checkbox"/> Your Information	<input type="checkbox"/> Returned for Corrections
<input type="checkbox"/> Specifications	<input type="checkbox"/> Quotation	<input type="checkbox"/>
<input checked="" type="checkbox"/> AIA Application	<b>SENT VIA:</b>	<input type="checkbox"/>
<input type="checkbox"/> Vendor Setup Forms	<input type="checkbox"/> Fax No.:	
	<input type="checkbox"/> Hand Delivered	
	<input type="checkbox"/> UPS	<input checked="" type="checkbox"/> E-Mailed

Item No.	Copies	Dated	Description
1	1	12/31/24	Payment Application #05 – Fee

Remarks:

**Total December Draw = \$19,000.00**

If you have any questions, please contact me at (616) 453-3950.

Thank you.

Signed:   
**Jennifer Mackey**  
Cost Accountant

File: 1-24010-00

# APPLICATION AND CERTIFICATE FOR PAYMENT

TO OWNER: Mendon Community Schools  
148 Kirby Rd  
Mendon, MI 49072

PROJECT: Mendon 2024 Bond

APPLICATION NO.: 1-24014-00005

PERIOD TO: 12/31/2024

PROJECT NO.: 1-24014-100

PO #:

CONTRACT FOR: Mendon 2024 Bond

FROM CONTRACTOR: Triangle Associates, Inc.  
3769 3 Mile Road NW  
Grand Rapids, MI 49534

ARCHITECT:

## CONTRACTOR'S APPLICATION FOR PAYMENT

- |   |    |                  |
|---|----|------------------|
| 1. ORIGINAL CONTRACT SUM .....                  | \$ | 1,005,878.00     |
| 2. Net Change by Change Orders .....            | \$ | 0.00             |
| 3. CONTRACT SUM TO DATE (Line 1 + 2).....       | \$ | 1,005,878.00     |
| 4. TOTAL COMPLETED & STORED TO DATE .....       | \$ | 95,000.00        |
| (From Continuation Sheet)                       |    |                  |
| 5. RETAINAGE:                                   |    |                  |
| a. % of Completed Work                          |    | _____            |
| (From Continuation Sheet)                       |    |                  |
| b. % of Stored Material                         |    | _____            |
| (From Continuation Sheet)                       |    |                  |
| Total Retainage (Line 5a + 5b or                |    |                  |
| Total From Continuation Sheet ) .....           | \$ | 0.00             |
| 6. TOTAL EARNED LESS RETAINAGE .....            | \$ | 95,000.00        |
| (Line 4 less Line 5 Total)                      |    |                  |
| 7. LESS PREVIOUS CERTIFICATES FOR PAYMENT ..... | \$ | 76,000.00        |
| 8. CURRENT PAYMENT DUE .....                    | \$ | <b>19,000.00</b> |
| 9. BALANCE TO FINISH, PLUS RETAINAGE            |    |                  |
| (Line 3 less Line 6)                            | \$ | 910,878.00       |

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 show herein is now due .

CONTRACTOR: Triangle Associates, Inc.

By: *Paul C. Allred* Date: 12/19/2024

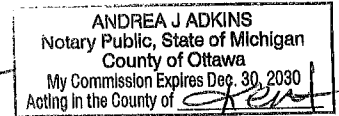
State of: Michigan

County of: Kent

Subscribed and sworn to before

me this 19 day of December 2024

Notary Public *Andrea J Adkins*  
My Commission expires:



## ARCHITECT'S CERTIFICATION

In accordance with the Contract Documents , based on on-site observations and the data comprising this application , the Architect certifies to the 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 ..... \$ \_\_\_\_\_

(If the certified amount is different from the payment due , you should attach an explanation. Initial all the figures that are changed to match the certified amount .)

ARCHITECT:

By: \_\_\_\_\_ 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 .

CHANGE ORDER SUMMARY	ADDITIONS	DEDUCTIONS
Total changes approved in previous months by Owner		
Total approved this Month		
TOTALS		
NET CHANGES by Change Order		

## REQUEST FOR PAYMENT DETAIL

Project: 1-24014-100 / Mendon 2024 Bond

Invoice: 5285

Draw: 1-24014-00005

Period Ending Date : 12/31/2024

Item ID	Description	Original Contract	Approved Change Orders	Total Contract Amount	Previously Completed Work	Work Completed This Period	Presently Stored Materials	Completed And Stored To Date	% Comp	Balance To Finish	Retainage Balance
<b>1-24014-00 Mendon 2024 Bond</b>											
1-000	PRECONSTRUCTION SERVICES	287,953.00		287,953.00	76,000.00	19,000.00		95,000.00	32.99	192,953.00	
2-000	CONSTRUCTION SERVICES	717,925.00		717,925.00						717,925.00	
		1,005,878.00	0.00	1,005,878.00	76,000.00	19,000.00	0.00	95,000.00	9.44	910,878.00	0.00

GRAND TOTALS	1,005,878.00	0.00	1,005,878.00	76,000.00	19,000.00		95,000.00	9.44	910,878.00	
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