PA26 - 46A

SUBCONTRACTOR APPLICATION FOR PAYMENT

DATE: 2/16/2016

TO: Turner/Ozanne/VAA
c/o The Standard Building
1370 Onterio St., Suite 900
Cleveland, OH 44113
216-377-4901 (O), 216-589-9678 (F)

FROM: (Subcontractor) Safe Site Medical, LLC
127 Sylvania Drive
Pittsburgh, PA 15236
Telephone No.: 412-897-7233
Invoice No.: 41-HCD-004

PROJECT: Cuyahoga County Convantion Center Hotel

Contract No. 140177-4900002163

PROJECT LOCATION: 100 Lakeside Avenue
Cleveland, OH 44114

DESCRIPTION OF WORK: Onsite Medical Safety Services

Original Subcontract Sum	$ $264,913.00	Total Completed & Stored to Date	$ $211,213.00
Approved Change Orders to Date	$ ($48,972.00)	Less Retainage at ____%	$ $0.00
(Through Change Order #____)		Total Earned Less Retainage	$ $211,203.00
Subcontract Sum to Date	$ $215,941.00	Less Previous Certificates for Payment	$ $202,213.00
		Current Payment Due	$ $9,000.00
		Balance to Finish (including retainage)	$ $4,728.00

The undersigned certifies that is hes performed labor and has furnished all meterial, machinery, fuel and equipment covered by this Application for Payment in accord with the subcontract documents. It hes paid ell amounts due for work covered by previously funded Applications, and the current payment due to the undersigned will be utilized to fund and pay all of its subcontractors, matenalmen, and labor for work in connection with the project described above within 7 days of receipt of the "Current Payment Due."

The undersigned acknowledges that TURNER/OZANNE/VAA will make payment hereunder in reliance upon the representations made in this application.

Subcontractor: Safe Site Medical, LLC Date: 2/24/16
By: Gregory Lotsto Title: President
Subscribed and sworn to before ~~me this~~ 24th day of Feb, 20
Notary Public: My Commission Expires: 8/16/19

CONDITIONAL WAIVER OF LIEN

Conditioned upon payment, the undersigned, for and in consideration of payment made to the undersigned as a result of this Application, releas does hereby waive, release and surrender any and all lien or claim or right to lien, to the date of this waiver, for labor, material and/or services furnished in connection with the above described Project.

Subcontractor: Safe Site Medical, LLC Date: 2/24/16
By: Gregory Lotsto Title: President
Subscribed and sworn to before me this 24th day of Feb, 20
Notary Public: My Commission Expires: 8/16/19
#36742

CONTINUATION SHEET

AIA DOCUMENT G703 (Instructions on reverse side) PAGE OF PAGES

AIA Document G702, APPLICATION AND CERTIFICATE FOR PAYMENT, containing
Contractor's signed Certification is attached.
In tabulations below, amounts are stated to the nearest dollar.
Use Column I on Contracts where variable retainage for line items may apply.

APPLICATION NUMBER:
APPLICATION DATE:
PERIOD TO: 1/31/2016
ARCHITECT'S PROJECT NO:

A	B	C	D	E	F	G	H	I	J	K	L
					WORK COMPLETED						
ITEM NO.	DESCRIPTION OF WORK	ORIGINAL SCHEDULED VALUE	CHANGE ORDERS	REVISED SCHEDULED VALUE	FROM PREVIOUS APPLICATION (F & G)	THIS PERIOD	MATERIALS PRESENTLY STORED (NOT IN F OR G)	TOTAL COMPLETED AND STORED TO DATE (F + G + H)	% (I /E)	BALANCE TO FINISH (E - I)	RETAINAGE
	Base Bid:										
	54 Hrs per Week Straight Time	170,432.00		196,478.00	$182,750	$9,000		$191,750.00	97.59%	4,728.00	0.00
	Mobilization/Demobilization	22,046.00		0.00	$0	$0		$0.00		0.00	0.00
	Allowances:										
	Drug Testing	4,000.00		0.00		$0		$0.00		0.00	0.00
	Alternates:										
	30 Hrs per Week of Clerk	0.00		0.00		$0		$0.00		0.00	0.00
	Sub-Tiers:										
	Trailer Rental - AKA	19,463.00		19,463.00	$19,463	$0		$19,463.00	100.00	0.00	0.00
	GRAND TOTALS	**$215,941.00**		**$215,941.00**	**$202,213.00**	**$9,000.00**		**$211,213.00**	**97.81%**	**$4,728.00**	**$0.00**