

Certificate of Substantial Completion

PROJECT: (name and address) 19116 New Cedar Falls High School

Cedar Falls, Iowa

OWNER: (name and address)

Cedar Falls Community School District

1002 West 1st Street Cedar Falls, IA 50613 **CONTRACT INFORMATION:**

Contract For: Furniture Date: January 3, 2024

ARCHITECT: (name and address) INVISION Architecture, LLC

PO Box 1800

Waterloo, IA 50704-1800

CERTIFICATE INFORMATION:

Certificate Number: 001 Date: September 9, 2024

CONTRACTOR: (name and address)

Workspace, Inc. 309 Locust Street Des Moines, IA 50309

The Work identified below has been reviewed and found, to the Architect's best knowledge, information, and belief, to be substantially complete. Substantial Completion is the stage in the progress of the Work when the Work or designated portion is sufficiently complete in accordance with the Contract Documents so that the Owner can occupy or utilize the Work for its intended use. The date of Substantial Completion of the Project or portion designated below is the date established by this Certificate, (Identify the Work, or portion thereof, that is substantially complete.)

INVISION Architecture.

All furniture provided by Workspace.

ARCHITECT (Firm Name)

PRINTED NAME AND TITLE

August 1, 2024

DATE OF SUBSTANTIAL COMPLETION

WARRANTIES

The date of Substantial Completion of the Project or portion designated above is also the date of commencement of applicable warranties required by the Contract Documents, except as stated below:

(Identify warranties that do not commence on the date of Substantial Completion, if any, and indicate their date of commencement.)

WORK TO BE COMPLETED OR CORRECTED

A list of items to be completed or corrected is attached hereto, or transmitted as agreed upon by the parties, and identified as follows: (Identify the list of Work to be completed or corrected.) Nothing outstanding.

The failure to include any items on such list does not alter the responsibility of the Contractor to complete all Work in accordance with the Contract Documents. Unless otherwise agreed to in writing, the date of commencement of warranties for items on the attached list will be the date of issuance of the final Certificate of Payment or the date of final payment, whichever occurs first. The Contractor will complete or correct the Work on the list of items attached hereto within zero (0) days from the above date of Substantial Completion.

Cost estimate of Work to be completed or corrected: \$0

The responsibilities of the Owner and Contractor for security, maintenance, heat, utilities, damage to the Work, insurance, and other items identified below shall be as follows:

(Note: Owner's and Contractor's legal and insurance counsel should review insurance requirements and coverage.)

Both Owner and Contractor to carry such insurance as will protect them for the occupany and work remaining to be completed.

The Owner and Contractor hereby accept the responsibilities as signed to them in this Certificate of Substantial Completion:

Workspace, Inc.

CONTRACTOR (Firm

Name)

Cedar Falls Community

School District

OWNER (Firm Name)

SIGNATURE

Lowell Stutzman/President PRINTED NAME AND TITLE

DATE

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