

EXHIBIT "A"
SUBCONTRACTOR'S APPLICATION FOR PAYMENT

TO: **ELKINS CONSTRUCTION, LLC**
 6104 S. Gazebo Park Place, Jacksonville FL 32257

FROM: COMPANY NAME: _____
 ADDRESS: _____
 PHONE: _____
 ACCOUNTING EMAIL: _____
 PROJECT NAME: _____

SUBCONTRACT AGREEMENT #: _____
 PAYMENT REQUEST #: _____
 PERIOD _____ TO _____

| | |
|----------------------------|----------|
| <i>For Office Use Only</i> | |
| Subcontract # | _____ |
| Cost Code(s)/ Amount(s): | |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| Approved: | _____ |
| Comments: | _____ |
| _____ | _____ |

STATEMENT OF SUBCONTRACT ACCOUNT

For Office Use Only

| | | | |
|--|-----------|----------|-------|
| 1. Original Subcontract Amount | \$ | - | _____ |
| 2. Approved Change Orders | | | _____ |
| 3. Adjusted Subcontract Amount | \$ | - | _____ |
| 4. Value of Work Completed to Date <small>(As per the Subcontractor's Schedule of Values)</small> | \$ | - | _____ |
| 5. Materials Stored On-Site <small>(As per listing of Stored Materials)</small> | \$ | - | _____ |
| 6. Total to Date | \$ | - | _____ |
| 7. Less Amount Retained (10%) | (\$ | -) | _____ |
| 8. Total Less Retained | \$ | - | _____ |
| 9. Less Total Previously Certified | (| _____) | _____ |
| 10. AMOUNT DUE THIS REQUEST | \$ | - | _____ |

CERTIFICATE OF THIS SUBCONTRACTOR

I hereby certify that work performed and the materials supplied to date, as shown on the above represent the actual value of accomplishment under the terms of the subcontract (and all authorized changes thereto) between the undersigned and ELKINS CONSTRUCTION, LLC., relating to the above referenced contract.

I also certify that payments, less applicable retention, have been made through the period by previous payments received from the contractor, to (1) all my subcontractors (sub-subcontractors) and (2) for all materials and labor used in or in connection with the performance of this subcontract. I further certify I have complied with Federal, State and Local tax laws, including Social Security laws and Unemployment Compensation laws and Workmen's Compensation laws insofar as applicable to the performance of this Subcontract.

State of _____ (Authorized Signature)
 County of _____

The foregoing instrument was acknowledged before me this _____ day _____ 20 _____, by by _____, who is personally known to me or who produced _____ as identification.

 Notary Public
 Commission Expires: