



Staff Report

Date: January 7, 2025

Subject: Vinyl Flooring Project

Background: The proposed installation of vinyl flooring is driven by the planned addition of a nutrition bar that will be built by and leased by new tenants at the gym. This new feature requires water, drainage, and electrical systems to be installed by the District, which necessitates opening up floors in the designated area. Given the construction involved, this is an opportune time to upgrade the flooring throughout the first floor of the facility with durable and modern vinyl.

Attachments: (1) WPH Construction (2) Payton Construction

Ledger: ✓ = Recommended C = Meets Criteria NC = Does not meet criteria NR = No Response

	CONTRACTOR	STATUS	TOTAL COST
	AAC Construction	NR	
	Bothof Construction	NR	
✓	WPH Construction	C	\$11,713.00
	Payton Construction	C	\$18,000.00
	Fistolera Construction	NR	

The information presented in this report has been gathered/produced by District staff, and reviewed by/with the following consultant(s):

- Legal Review
- Financial Review
- Other:

Pat Hunt Construction

276 N Oakmore St
Tulare, Ca 93274
License #950510
PWC #1000033329

Estimate

Date	Estimate #
12/23/2024	358

Name / Address
Tulare Local Healthcare District Brett Scott 1425 E Prosperity Ave Tulare, CA 93274

			Project
Description	Qty	Rate	Total
Vinyl Flooring Project - Evolutions Fitness and Wellness Center			
Remove and dispose of existing carpet on 1st floor. Replace with new Vinyl Flooring. (Sub-contractor: The Carpet Shoppe)		0.00	0.00
Labor Costs- Demo, dispose and prep. Install new vinyl.		5,869.00	5,869.00
Estimated Material Costs- Adhesives, Heatweld Material, 4" Rubber Base		3,460.00	3,460.00
Burden Expense / Insurance		560.00	560.00
Overhead & Profit		1,483.00	1,483.00
Payment & Performance Bonds		341.00	341.00
<i>Pat Hunt</i> 12/23/24		Total	\$11,713.00



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/23/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must have **ADDITIONAL INSURED** provisions or be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER NSE Insurance Agencies, Inc.. United Valley Insurance Svcs 1687 E Prosperity, Suite A Tulare, CA 93274 Jeffrey A. Nelson		559-688-5888		CONTACT NAME: Jeffrey A. Nelson PHONE (A/C, No, Ext): 559-688-5888 E-MAIL ADDRESS: jnelson@nseinsurance.com		FAX (A/C, No): 559-688-6730	
INSURED Pat Hunt Construction 276 N. Oakmore St. Tulare, CA 93274				INSURER(S) AFFORDING COVERAGE		NAIC #	
				INSURER A: Scottsdale Insurance Company		41297	
				INSURER B: NorGuard Insurance Company		31470	
				INSURER C: Eagle West Insurance Co.		12890	
				INSURER D:			
				INSURER E:			
				INSURER F:			

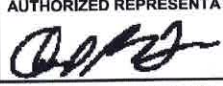
COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	X		CPS8011935	06/14/2024	06/14/2025	EACH OCCURRENCE	\$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
							MED EXP (Any one person)	\$ 5,000
	PERSONAL & ADV INJURY	\$ 1,000,000					GENERAL AGGREGATE	\$ 2,000,000
	PRODUCTS - COMP/OP AGG	\$ 2,000,000						\$
	OTHER:							\$
C	AUTOMOBILE LIABILITY			81BAA2022276	10/17/2024	10/17/2025	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY	<input checked="" type="checkbox"/> SCHEDULED AUTOS	BODILY INJURY (Per person)				\$	
	<input checked="" type="checkbox"/> HIRED AUTOS ONLY	<input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	BODILY INJURY (Per accident)				\$	
			PROPERTY DAMAGE (Per accident)				\$	
							\$	
	UMBRELLA LIAB						EACH OCCURRENCE	\$
	EXCESS LIAB						AGGREGATE	\$
	DED						RETENTION \$	\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			WAWC512062	03/31/2024	03/31/2025	<input checked="" type="checkbox"/> PER STATUTE	<input type="checkbox"/> OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y / N					E.L. EACH ACCIDENT	\$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below		N / A				E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	\$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Re: Evolutions Fitness and Wellness Center - Tulare Local Healthcare District is named as additional insured with respects to Liability Only for work performed by the insured.

CERTIFICATE HOLDER TULAL-1 Tulare Local Healthcare Dist. 1425 E. Property Ave Tulare, CA 93274	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE 

Request for Taxpayer Identification Number and Certification

Go to www.irs.gov/FormW9 for instructions and the latest information.

**Give form to the
 requester. Do not
 send to the IRS.**

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	<p>1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)</p> <p style="text-align: center;">Wayne Patrick Hunt</p>	
	<p>2 Business name/disregarded entity name, if different from above.</p> <p style="text-align: center;">Pat Hunt Construction</p>	
	<p>3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes.</p> <p><input checked="" type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate</p> <p><input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership)</p> <p>Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.</p> <p><input type="checkbox"/> Other (see instructions)</p>	<p>4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____</p> <p style="text-align: right;"><i>(Applies to accounts maintained outside the United States.)</i></p>
	<p>3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions <input type="checkbox"/></p>	
	<p>5 Address (number, street, and apt. or suite no.). See instructions.</p> <p style="text-align: center;">276 N Oakmore St</p>	Requester's name and address (optional)
	<p>6 City, state, and ZIP code</p> <p style="text-align: center;">Tulare, CA 93274</p>	
	<p>7 List account number(s) here (optional)</p>	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Social security number									
or									
Employer identification number									
8	1	-	4	7	5	8	9	6	7

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person	Date <u>12/5/24</u>
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they



November 14, 2024

Proposal For: Tulare Local Healthcare District
 Project Address: 1425 e. Prosperity Ave Tulare, Ca 93274

PROJECT DESCRIPTION: Remodel shared bathrooms, Prep for Juice bar, flooring

<u>Bid Includes:</u>	
• Remove 4 sets of lockers in order to cut concrete. Re install after completion. -- Labor 2 workers days @ \$100 per hr	\$1600
• Remove carpet on the 1st floor. - Labor 4 workers 2 days @ \$100 per hr -Machine rental allowance	\$6400 \$800
• Remove tile in family bathroom walls, and showers. -Labor 2 workers 3 days @ \$100 per hr	\$4800
• Remove tile on bathroom floors -Labor 2 workers 3 days @ \$100 per hr	\$4800
• Provide plastic tape and temp walls to create barriers during construction -Labor 2 guys 1 day -Materials	\$1600 \$1250
• Haul off all trash throughout project	\$4000
• Remove and Save all accessories and re install after Labor 2 workers 1.5 days \$100 per hr	\$2400
• Patch green board sheetrock back at shower walls. Texture as needed. -Labor 2 workers 2 days @ \$100 per hr. -Materials	\$3200 \$850
• Cut concrete from shower to new nutrition bar area for new floor drains -Labor 3 workers 1 days @ \$100 per hr	\$2400
• Install a water supply line (cold water only), and drainage line to new Juice bar area, floor drains to be installed per plan -Labor 2 workers 3 days @ \$100 per hr -Materials	\$3200 \$600
• Re pour concrete Labor 2 workers 1 days @ \$100 per hr -Materials	\$1600 \$1550
• Provide and install an electrical panel and wiring to nutrition bar area per plan Labor 2 workers 2 days @ \$100 per hr -Materials	\$3200 \$2566
• Epoxy floors in family bathrooms (\$10,400 allowance on bid from Floors Reborn)- -Labor -Materials	\$6000 \$4400
• Install new tile wainscoting at family bathroom walls, shower walls and around toilet area walls (\$8 per sq ft allowance on tile) -Labor 4 workers 6 days @ \$100 per hr	\$19200

Payton Construction Inc
1545 Glen Ellen Drive Tulare, CA 93274
Phone: 559-280-4066
Lic. #1037368
paytonsteve@gmail.com

-Materials	\$4200
• Install new vinyl flooring. -Labor only 4 workers 5 days @ \$100 per hr (Tulare Local Healthcare District will provide vinyl).	\$16000
• Install new rubber vinyl baseboards at new vinyl flooring areas -Labor 2 workers 1 days @ \$100 per hr	\$1600
-Materials	\$400
• Supervision/ management	\$5000
• Profit and overhead 30 %	\$31084
TOTAL:	\$134700
Deposit Due	\$1000
Due at completion of demo	\$25000
Due at completion or rough plumbing and electrical	\$30000
Due at completion of tile	\$30000
Due at completion of vinyl flooring	\$25000
Due at completion	\$23700

No Payment, No Performance: Failure to pay as required by the Payment Schedule above relieves Payton Construction, Inc. of all obligations to perform.

Work Schedule and Damages Disclaimer: Work will commence as soon as practicable. Payton Construction, Inc. shall not be liable for any damages, incidental or consequential, due to delay in commencing or completing work. All agreements are contingent upon strikes, accidents, or delays beyond our control.

Client's Ownership of Materials/Equipment: Delivery of materials and equipment to be installed on site are deemed sold and transferred to Client upon delivery to site. Client is obligated to safeguard said materials and equipment from theft. Payton Construction, Inc. shall not be liable for removal of said materials and equipment from the site.

Severability: In the event that a particular provision of this contract is deemed unenforceable, the balance of the provisions of this contract shall remain of full force and effect.

Modification by Change Order: This contract may only be modified by a writing signed by both client and Payton Construction Inc. Client acknowledges that additional unforeseen expenses may arise necessitating a written modification in order to complete the job. Client acknowledges that said written modifications may increase or decrease the total price quoted above. Change orders will be on a cost plus 20% pay scale

Attorney Fees and Costs: In the event that a lawsuit is filed relating to this agreement and/or any subsequent written modification, the prevailing party shall be awarded reasonable attorney fees and costs of suit.

Governing Law/Exclusive Venue: California law shall govern and enforce this agreement. The parties agree that the Superior Court for the County of Tulare, CA, Visalia Division, will be the exclusive forum to bring any legal action arising from or related to a dispute of this contract. Client acknowledges that should client file a legal action arising from or relating to this contract in any other forum, client agrees to be liable for the costs and attorney fees incurred by Payton Construction, Inc. in having the case ordered dismissed or transferred to the Superior Court for the County of Tulare, CA, Visalia Division. NOTICE: "Under the Mechanics Lien Law (California Civil Code Section 8000 et. seq.) any contractor, subcontractor, laborer, supplier, or other person who helps to improve your property, but is not paid for his work or supplies, has a right to enforce a claim against your property. This means that, after a court hearing, your property could be sold by a court officer and the proceeds of the sale used to satisfy the indebtedness. This can happen even if you have paid your own contractor in full, if the subcontractor, laborer, or supplier remains unpaid. Upon signature, this document becomes a legal and binding contract:

Eric Blain

Payton Construction Inc Authorized Signature

Note: This proposal may be withdrawn by us if not accepted within 30 days.

11/15/24

Date

Accepted by Client:

Date

*1 day = 8 hrs

Payton Construction Inc
1545 Glen Ellen Drive Tulare, CA 93274
Phone: 559-280-4066
Lic. #1037368
paytonsteve@gmail.com