

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1285540
Vendor Name: Parvin Clauss Sign Company
Invoice Number: 85339
Invoice Date: 05/22/20
PO Number: B0369387
Check Number: 0268173
Check Amount: \$ 70,607.00
Check Date: 06/08/2020
Department ID: 21018
Reviewer Name: Kathy Striplin
Voucher Number: V0623201
Redaction Type: None
Document Type: AP Invoice

Document Below

Parvin-Clauss Sign Company Inc.

165 Tubeway Drive
Carol Stream, IL 60188 USA

Phone: 630-510-2020
Fax: 630-668-7802
Fed ID: 36-3322946

Your Image Is Our Priority!www.parvinclauss.com**B0369387****02-90-21018-5804001 LED Signs Regional/
Main Campus Invoice No. 85339**

Page 1 of 1

Account
address:

COLLEGE OF DUPAGE

ATTN: VIRGINIA GARNER
PUBLIC INFORMATION-signage
425 22ND STREET
GLEN ELLYN, IL 60137-6599

Phone: 630-942-2800
Fax: 630-942-3737

APPROVED**05/27/20 - BRUCE SCHMIEDL**

| Invoice Date | Due Date | Terms | Salesperson | Our Order | Your PO # |
|--------------|----------|--------|-----------------|-----------|------------------|
| 5/22/2020 | 6/1/2020 | Net 10 | LV-LISA STASZAK | 83765 | PARVIN-PO 369387 |

Part ID/Description**RETROCABEMC**

EMC Retro - Watchfire 10 & 8mm

Removed (4) single-sided EMCs from (4) different monument signs.

Furnished & installed(4) single-sided EMCs in the monument signs:

(3) 10mm @ 3'-5" x 8'-3" (90 x 240 pixel matrix)

(1) 8mm @ 2'-5" x 7'-3" (72 x 252 pixel matrix)

Extended Price**\$70,607.00**

Installation Address:

425 Fawell Blvd.

Glen Ellyn, IL

**INVOICE REVIEWED
OKAY TO PAY
KATHY STRIPLIN 05/27/20**

Please remit payment to:

Parvin-Clauss Sign Co., Inc.
165 Tubeway Drive
Carol Stream, IL 60188

Invoice Sub-total \$70,607.00**Invoice Total** \$70,607.00

From: inmand1960@cod.edu
Sent: Fri May 22 15:09:24 CDT 2020
To: invoicing@cod.edu
CC: striplin@cod.edu
Subject: Pavin Claus Invoice - BO 369387 project 02 90 21018

From: Cindy Wiles <cwiles@parvinclauss.com>
Sent: Friday, May 22, 2020 2:44 PM
To: Inman, Donald <inmand1960@cod.edu>
Subject: College of DuPage EMC Project

Enclosed is all the information you need to close out this project.

1. As-Builts
2. Warranty Letter
3. O & M Letter
4. Certified Payroll
5. Invoice
6. Final Waiver of Lien
7. Final Surety Letter
8. Addendum Signed Letter
9. Prevailing Wage Signed Letter

Please let me know if I may be of further assistance.

Cindy Wiles
Business Manager



165 Tubeway Drive Carol Stream, IL 60188
During the Shelter in place order please contact me at: 847-769-3400
630-510-2020 Ext. 3015: Fax: 630-668-8179
L www.parvinclauss.com

Please Tell Us How We're Doing

ADDENDUM #1 – Electronic Message Board Replacement

To "Agreement" made March 20, 2020 by and between College of DuPage and Parvin Claus Sign Company

- **ELECTRONIC MESSAGE BOARD REPLACEMENT – PARVIN CLAUS SIGN COMPANY #01 – (\$1,845.00)** Unforeseen Condition Change. After award of the work, the contractor's field investigation crew disassembled the existing sign cabinet to confirm that the planned LED boards would integrate within the enclosures' framed support system. It was determined that the existing interior structural framing is in conflict with the planned LED boards. In order to avoid conflicts, the LED display board panels for the 3 larger signs will be resized to 41" high by 99" wide. This change results in a minor reduction of the contract price.

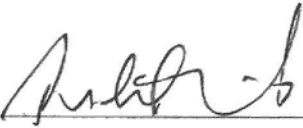

| Contractor | Original Contract | Change Orders Amount to Date | Amount of This Change Order | New Contract Value |
|---------------------------|-------------------|------------------------------|-----------------------------|--------------------|
| Parvin Claus Sign Company | \$72,452.00 | \$0.00 | (1,845.00) | \$70,607.00 |
| Total this C.O. | | | (\$1,845.00) | |

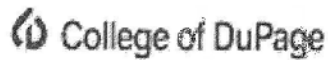
With the incorporation of this Addendum 1, the Contract Sum will be decreased by \$1,845.00 to \$70,607.00.

COLLEGE OF DuPAGE

Contractor: Parvin Claus Sign Company

By: _____
Name: Ellen Roberts
Title: Interim VP Administration

By: 
Name: _____
Title: 



Prevailing Wage Form

In an effort to meet the Prevailing Wage Survey requirements of the State of Illinois, the College of DuPage has established the Prevailing Wage Form that will assist in reporting Prevailing Wage information. Please complete the information below and return to the College of DuPage Project Manager.

Project Name: College of DuPage

Project Bid/RFP#: W 83765

Contractor Information:

| | | | |
|--------------|-----------------------|--------------|-----------------------|
| Company Name | <u>Parvin - Claus</u> | | |
| Address: | <u>165 Tubeway Dr</u> | Suite/Floor | <u>-</u> |
| City: | <u>Carol Stream</u> | ST <u>IL</u> | Zip Code <u>60188</u> |
| Phone: | <u>630/510-2020</u> | Fax: | <u>630/510-2044</u> |

Contractor Contact Information:

| | | | | | |
|----------------|---------------------|-------|----------------------------------|-----------|----------------|
| First Name | <u>Ronald</u> | MI | <u>D.</u> | Last Name | <u>Fiorito</u> |
| Title | <u>Asst. Mgr</u> | Email | <u>RFIORITO@PARVINCLAUSS.COM</u> | | |
| City | <u>Carol Stream</u> | ST | <u>IL</u> | Zip | <u>60188</u> |
| Primary Phone: | <u>630/510-2020</u> | | | | |

College of DuPage Project Manager: _____ Date: _____



Certified Transcript of Payroll

IDOL Case File Number:

Please Note: The submission of falsified payroll records is a criminal offense.

Payroll Date: 5/26/20

Contract Number: 83765
Project Name: College of Justice
Project Number: 211-Edgell
Project Location: Ill.

Contractor and/or Subcontractor

Company Name: Parwin-Clauson
Contact Name: Parwin-Clauson
Street Address: 1605 Tubeway Dr.
City: Carlisle
State: Ill. Zipcode: 60188 Telephone Number: 680/510-2020 X3003

Public Body Information

Public Body Name: Village of Willow
Contact Name: Virginia
Street Address: 425 Tawell Blvd.
City: Shelby
State: Ill. Zipcode: 60137 Telephone Number: 680/942-2754

Report Hours for Each Day, Including Overtime Hours, List Hourly Prevailing Wage Rate and Hourly Fringe Benefits Allotments.

| Worker Name, Address SSN & Telephone Number | * Hours worked each day | | | | | | | Total Hrs Each PW and Reg. | Total OT Hours | Hourly Wage Rate | OT Wage Rate | Per Pay Period | |
|---|-------------------------|-----|-----|------|------|------|-----|-------------------------------|-------------------|---------------------|-----------------|----------------|----------|
| | SUN | MON | TUE | WED | THUR | FRI | SAT | | | | | Gross | Net |
| Rickie Rogers - X8735 2602 N. Phil Street Ch. Hts., Ill. 60641 Labor Classification: 8471305-4780 Installation | PW | | | | | | | | | | | | |
| | N | | | 9.50 | | 8.50 | | 40 | 9.50 | 38.64 | 57.96 | 2,178.2 | 1,474.16 |
| Hourly Fringe Benefit: Pension: Health/Welfare: Training: | | | | | | | | | | | | | |
| Justin Murphy - X5604 36 Stenwick Road Osage, Ill. 60543 Labor Classification: 630/774-2839 Installation | PW | | | | | | | | | | | | |
| | N | | | 9.50 | | | | 40 | 6.50 | 33.22 | 49.83 | 1,715.59 | 1,298.71 |
| Hourly Fringe Benefit: Pension: Health/Welfare: Training: | | | | | | | | | | | | | |
| Dan Sanley - X1209 23964 Oakridge Dr. Apt. 16 Aurora, Ill. 60001 Labor Classification: 630/471-1352 Installation | PW | | | | | | | | | | | | |
| | N | | | | | 8.50 | | 40 | 9.00 | 22.07 | 33.11 | 1,351.20 | 958.37 |
| Hourly Fringe Benefit: Pension: Health/Welfare: Training: | | | | | | | | | | | | | |
| Labor Classification | PW | | | | | | | | | | | | |
| | N | | | | | | | | | | | | |
| Hourly Fringe Benefit: Pension: Health/Welfare: Training: | | | | | | | | | | | | | |

*PW - Prevailing Hours Worked *N - Non Prevailing Hours Worked



Certified Transcript of Payroll

AFFIDAVIT

Weekly Statement of Compliance

I, Donald T. Tinti,
(name of signatory party)
Acting Mgr., do
(title)
hereby state: that I pay or supervise the payment
of the persons employed on the public works
project College of DuPage,
(name of project)
that during the payroll period commencing on the
16th day of May, 2020,
(day) (month) (year)

all persons employed on said project have been
paid the full weekly wages earned, that no
rebates have been or will be made either directly
or indirectly on behalf of said

Parvin-Clauser
(name of contractor or subcontractor)
from the full weekly wages earned by any person,
and that no deductions have been made either
directly or indirectly from the full weekly wages
earned by any persons, other than permissible
deductions as defined by Federal and/or State
Law. I further certify that this payroll is correct
and complete; that the wage rates contained
therein are not less than the actual rates herein
stated and that the classification set forth for each
laborer or mechanic conform to the work he/she
performed.

Donald T. Tinti
Signature

Digital Signature _____

FRINGES

Health Fund _____
Health Address _____
Health Sponsor _____
Health Admin _____

Pension Fund _____
Pension Address _____
Pension Sponsor _____
Pension Admin _____

401(k) Fund _____
401(k) Address _____
401(k) Sponsor _____
401(k) Admin _____

Vacation Fund _____
Vacation Address _____
Vacation Sponsor _____
Vacation Admin _____

SUBCONTRACTORS

Attach explanation of Monies paid, copy of contract
of billing, or other pertinent information.

Company Name: Parvin-Clauser
Contact Person: Donald Tinti
165 Tubney Dr.
(Address) Ill. 60188
(City) (State) (zipcode)
Telephone Number: 630/510-2020 X3003

Company Name: _____
Contact Person: _____
(Address) _____
(City) (State) (zipcode)
Telephone Number: _____

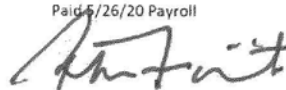
Company Name: _____
Contact Person: _____
(Address) _____
(City) (State) (zipcode)
Telephone Number: _____

Company Name: _____
Contact Person: _____
(Address) _____
(City) (State) (zipcode)
Telephone Number: _____

w83765
College of DuPage

| Employees | Rate | Pre. Rate | Variance | Hrs | Total Paid |
|-----------|----------|-----------|----------|-------|------------|
| RDEVEZA | \$ 38.64 | \$ 39.84 | \$ 1.20 | 18.00 | \$ 21.60 |
| JMURPHY | \$ 33.22 | \$ 39.84 | \$ 6.62 | 9.50 | \$ 62.89 |
| DSARLEY | \$ 22.07 | \$ 39.84 | \$ 17.77 | 8.50 | \$ 151.05 |

Paid 5/26/20 Payroll



Ron Fiorito P/R 5/22/20



STATE OF ILLINOIS

COUNTY OF DuPage

FINAL WAIVER OF LIEN

Gty #

Escrow #

TO WHOM IT MAY CONCERN:

WHEREAS the undersigned has been employed by Community College District #502 to furnish signage

for the premises known as College of DuPage 425 Fawell Blvd Glen Ellyn IL of which Community College District #502 is the owner.

THE undersigned, for and in consideration of Seventy thousand six hundred seven dollars and no cents (\$70,607.00) Dollars, and other good and valuable considerations, the receipt whereof is hereby acknowledged, do(es) hereby waive and release any and all lien or claim of, or right to, lien, under the statutes of the State of Illinois, relating to mechanics' liens, with respect to and on said above-described premises, and the improvements thereon, and on the material, fixtures, apparatus or machinery furnished, and on the moneys, funds or other considerations due or to become due from the owner, on account of all labor, services, material, fixtures, apparatus or machinery, heretofore furnished, or which may be furnished at any time hereafter, by the undersigned for the above-described premises, INCLUDING EXTRAS.*

DATE 05/22/20 COMPANY NAME Parvin Clauss Sign Company, Inc.

ADDRESS 165 Tubeway Drive, Carol Stream, Illinois 60188 630-510-2020

SIGNATURE AND TITLE

Heather Seego

*EXTRAS INCLUDE BUT ARE NOT LIMITED TO CHANGE ORDERS, BOTH ORAL AND WRITTEN, TO THE CONTRACT

CONTRACTOR'S AFFIDAVIT

STATE OF ILLINOIS

COUNTY OF DuPage

TO WHOM IT MAY CONCERN:

THE UNDERSIGNED, (NAME) Heather Seego BEING DULY SWORN, DEPOSES AND SAYS THAT HE OR SHE IS (POSITION) Billing Specialist OF (COMPANY NAME) Parvin Clauss Sign Company, Inc WHO IS THE CONTRACTOR FURNISHING Signage WORK ON THE BUILDING LOCATED AT College of DuPage 425 Fawell Blvd Glen Ellyn IL OWNED BY Community College District #502

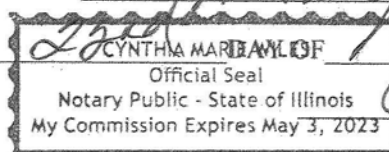
That the total amount of the contract including extras* is \$70,607.00 on which he or she has received payment of \$ prior to this payment. That all waivers are true, correct and genuine and delivered unconditionally and that there is no claim either legal or equitable to defeat the validity of said waivers. That the following are the names and addresses of all parties who have furnished material or labor, or both, for said work and all parties having contracts or sub contracts for specific portions of said work or for material entering into the construction thereof and the amount due or to become due to each, and that the items mentioned include all labor and material required to complete said work according to plans and specifications:

| NAMES AND ADDRESSES | WHAT FOR | CONTRACT PRICE INCLDG EXTRAS* | AMOUNT PAID | THIS PAYMENT | BALANCE DUE |
|--|---|-------------------------------|-------------|--------------|-------------|
| Parvin Clauss Sign Company, Inc 165 Tubeway Drive, Carol Stream, Illinois 60188 | Signage | \$70,607.00 | | \$70,607.00 | \$0.00 |
| | | | | | |
| | | | | | |
| | | | | | |
| All materials are taken from fully paid stock, Main Materials Supplier: Midwest Sign Supplydelivered to the jobsite on our own trucks, | Wages, benefits are fully paid. No rental equipment used. | | | | |
| TOTAL LABOR AND MATERIAL INCLUDING EXTRAS* TO COMPLETE. | | \$70,607.00 | | \$70,607.00 | \$0.00 |

That there are no other contracts for said work outstanding, and that there is nothing due or to become due to any person for material, labor or other work of any kind done or to be done upon or in connection with said work other than above stated.

DATE 5-22-20SIGNATURE: *Heather Seego*

SUBSCRIBED AND SWORN TO BEFORE ME THIS



*EXTRAS INCLUDE BUT ARE NOT LIMITED TO CHANGE

**CONSENT OF
SURETY COMPANY
TO FINAL PAYMENT**

OWNER ☐
ARCHITECT ☐
CONTRACTOR ☐
SURETY ☐
OTHER ☐

AIA DOCUMENT G707 BOND #B1228753

PROJECT: Remove and Furnish/
Install EMC's from different monument signs

TO (Owner)

Community College District #502
425 Fawell Blvd.
Glen Ellyn, IL 60137

ARCHITECT'S PROJECT NO:

CONTRACT FOR: Remove & Furnish/
Install EMC's from different monument signs

CONTRACT DATE: 3-20-2020

CONTRACTOR:
PARVIN CLAUSS SIGN CO., INC.
165 TUBEWAY DRIVE, CAROL STREAM, IL 60188

In accordance with the provisions of the Contract between the Owner and the Contractor as indicated above, the
(here insert name and address of Surety Company)

SELECTIVE INSURANCE COMPANY, 40 WANTAGE AVE., BRANCHVILLE, NJ 07890

, SURETY COMPANY,

on bond of (here insert name and address of Contractor)

PARVIN CLAUSS SIGN CO., INC.
165 TUBEWAY DR., CAROL STREAM, IL 60188

, CONTRACTOR,

hereby approves of the final payment to the Contractor, and agrees that final payment to the Contractor shall not
relieve the Surety Company of any of its obligations to (here insert name and address of Owner)

COMMUNITY COLLEGE DISTRICT #502,
165 TUBEWAY DR., CAROL STREAM, IL 60188

, OWNERS,

as set forth in the said Surety Company's bond.

IN WITNESS WHEREOF, SELECTIVE INSURANCE COMPANY
the Surety Company has hereunto set its hand this 22ND

day of MAY

2020.

SELECTIVE INSURANCE COMPANY
Surety Company

Signature of Authorized Representative

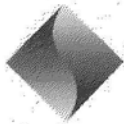
AGNES A. FROEMEL ATTORNEY-IN-FACT

Title

Attest:
(Seal):

NOTE: This form is to be used as a companion document to AIA DOCUMENT G706, CONTRACTOR'S AFFIDAVIT OF PAYMENT OF DEBTS AND
CLAIMS, Current Edition

35176

**SELECTIVE®**

Selective Insurance Company of America
40 Wantage Avenue
Branchville, New Jersey 07890
973-948-3000

POWER OF ATTORNEY

SELECTIVE INSURANCE COMPANY OF AMERICA, a New Jersey corporation having its principal office at 40 Wantage Avenue, in Branchville, State of New Jersey ("SICA"), pursuant to Article VII, Section 1 of its By-Laws, which state in pertinent part:

The Chairman of the Board, President, Chief Executive Officer, any Executive Vice President, any Senior Vice President or any Corporate Secretary may, from time to time, appoint attorneys in fact, and agents to act for and on behalf of the Corporation and they may give such appointee such authority, as his/her certificate of authority may prescribe, to sign with the Corporation's name and seal with the Corporation's seal, bonds, recognizances, contracts of indemnity and other writings obligatory in the nature of a bond, recognizance or conditional undertaking, and any of said Officers may, at any time, remove any such appointee and revoke the power and authority given him/her.

does hereby appoint: **ARMAND D'ANDREA, CHRISTINE M. SOJKA, RUTH D. HOULE, REGINA M. SENGEWALD, JEFFREY A. THOMPSON, AGNES A. FROEMEL, PAUL RYNDAL, JANA MONROE**

, its true and lawful attorney(s)-in-fact, full authority to execute on SICA's behalf fidelity and surety bonds or undertakings and other documents of a similar character issued by SICA in the course of its business, and to bind SICA thereby as fully as if such instruments had been duly executed by SICA's regularly elected officers at its principal office, in amounts or penalties not exceeding the sum of: **NO ONE BOND TO EXCEED TEN MILLION (\$10,000,000.00)**

Signed this 1 day of MAY, 2018

SELECTIVE INSURANCE COMPANY OF AMERICA

By: 

Brian C. Sarisky

Its SVP, Chief Underwriting Officer, Commercial Lines



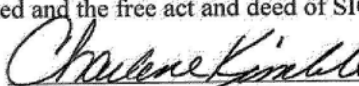
STATE OF NEW JERSEY :

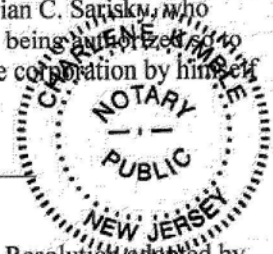
:ss. Branchville

COUNTY OF SUSSEX :

On this 1 day of MAY, 2018 before me, the undersigned officer, personally appeared Brian C. Sarisky, who acknowledged himself to be the Sr. Vice President of SICA, and that he, as such Sr. Vice President, being authorized to do, executed the foregoing instrument for the purposes therein contained, by signing the name of the corporation by himself as Sr. Vice President and that the same was his free act and deed and the free act and deed of SICA.

Charlene Kimble
Notary Public of New Jersey
My Commission Expires 6/2/2021


Notary Public



The power of attorney is signed and sealed by facsimile under and by the authority of the following Resolution adopted by the Board of Directors of SICA at a meeting duly called and held on the 6th of February 1987, to wit:

"RESOLVED, the Board of Directors of Selective Insurance Company of America authorizes and approves the use of a facsimile corporate seal, facsimile signatures of corporate officers and notarial acknowledgements thereof on powers of attorney for the execution of bonds, recognizances, contracts of indemnity and other writing obligatory in the nature of a bond, recognizance or conditional undertaking."

CERTIFICATION

I do hereby certify as SICA's Corporate Secretary that the foregoing extract of SICA's By-Laws and Resolution is true and force and effect and this Power of Attorney issued pursuant to and in accordance with the By-Laws is valid.

Signed this 22nd day of May, 2020


Michael H. Lanza, SICA Corporate Secretary



The power is void unless the Selective watermark appears.

B91 (6-16)

CERTIFIED COPY