

**Position Responsible: Project Manager / Staff Accountant / Project Coordinator**

This sheet is to be used during the Accounting Handoff intended to provide the appropriate information for the Staff Accountant and Project Coordinator to efficiently set-up Viewpoint (Prime Contract and the Subcontract Template). In addition, this sheet provides Accounting, Marketing, Payroll, Safety and Compliance Departments with project information as it pertains to their areas of work.

**GENERAL INFORMATION**

Project Name Omni Solon Expansion Project Number 22058-02  
Project Address 33095 Bainbridge Rd. Solon OH 44139  
County Summit  
Does this project need to be set up on Viewpoint Team ☐ Yes ☒ No  
Type of Contract ☐ GMP ☐ Stipulated Sum ☐ Cost Plus (No GMP) ☐ Subcontract ☒ Other Prime  
Project Duration (start date) 6/21/2021 (end date) 11/17/2023 Substantial Completion Date 11/17/2023  
Project Duration in months 17  
☒ Same as above Project Start Date 6/21/2022 (field payroll and city registration purposes only)  
Prime Contract Amount \$ 1,814,000.00 Tax Exempt ☐ Yes ☒ No  
(If, yes forward to Staff Account & PC ASAP)

**OWNER INFORMATION**PC's: [Add to Viewpoint and PM Projects](#)

Owner Project Number \_\_\_\_\_  
Owner Company Name Omni SLF Solon, LLC  
Legal Name on Contract  
Address 33095 Bainbridge Rd. Solon OH 44139  
Per Contract  
Contact Jeremy Wilson  
Phone 216-299-4551 Mobile \_\_\_\_\_ Email jwilson@omniseniorliving.com  
Owner Contact authorized to sign PCCO's Jeremy Wilson  
Phone 216-299-4551 Mobile \_\_\_\_\_ Email jwilson@omniseniorliving.com  
Owner's Representative Eric Greenberg  
Phone 216 650-4170 Mobile \_\_\_\_\_ Email egreenberg@siteconsult.com  
Contact/Title \_\_\_\_\_  
Phone \_\_\_\_\_ Mobile \_\_\_\_\_ Email \_\_\_\_\_

**CLIENT INFORMATION**

PC's: Add to Viewpoint and PM Projects

☐ Same as Owner

Client Name \_\_\_\_\_

Address \_\_\_\_\_

Contact/Title \_\_\_\_\_

Phone \_\_\_\_\_ Mobile \_\_\_\_\_ Email \_\_\_\_\_

**ARCHITECT INFORMATION**

PC's: Add to Viewpoint and PM Projects

Architect Firm Weber EngineeringLegal Name Address 2555 Hartsville Rd. Rootstown OH, 44272Contact/Title Matt Weber (Owner)Phone 330.329.2037 Mobile \_\_\_\_\_ Email \_\_\_\_\_

Contact/Title \_\_\_\_\_

Phone \_\_\_\_\_ Mobile \_\_\_\_\_ Email \_\_\_\_\_

**PROJECT TEAM MEMBERS****Project Manager**02 Group Matt Tyson  
Name\_\_\_\_ Group \_\_\_\_\_  
Name**Estimator**02 Group Tom Dundon  
Name\_\_\_\_ Group \_\_\_\_\_  
Name**Field Superintendent**02 Group Tim DeMarco  
Name\_\_\_\_ Group \_\_\_\_\_  
Name**Project Engineer**02 Group Tyler Soltis  
Name\_\_\_\_ Group \_\_\_\_\_  
Name

**MARKETING**
**Project Type**
*(Check all that apply)*

- ☐ Cultural Arts
- ☐ Education
- ☐ Child Care
- ☐ K -12
- ☐ Higher Education
- ☐ Government
- ☐ Healthcare
- ☐ Hospitality
- ☐ Industrial
- ☐ Office/Banks
- ☐ Parking Structures
- ☐ Religious Facilities
- ☐ Residential Market
  - ☐ Affordable Housing
  - ☐ For Sale Condominiums
  - ☐ Market Rate Apartments
  - ☒ Senior Living
- ☐ Student Housing
- ☐ Restaurants
- ☐ Retail
- ☐ Sports Venues
- ☐ Vehicle Dealership
- ☐ Other \_\_\_\_\_

**Building Group**
*(Check all that apply)*

- ☐ Carpenter Contractor
- ☐ Construction Management
- ☐ Design Build
- ☐ Interior Finishes Contractor
- ☐ Multi-family
- ☒ Site Contractor
- ☐ Special Projects

**Construction Type**
*(Check all that apply)*

- ☐ Historical Renovation
- ☐ Sustainability Attributes
- ☐ LEED Certification (*Silver - Gold - Platinum*)
  - ☐ Green Community
  - ☐ Sustainable Community
- ☒ New Const. Sq. Ft. 12,500
- ☐ Renovation Sq. Ft. \_\_\_\_\_
- ☐ Addition Sq. Ft. \_\_\_\_\_
- ☐ Total Combined Sq. Ft. \_\_\_\_\_

☐ Rendering (Does an architectural rendering exist) ☐ Yes ☒ No  
 location of rendering \_\_\_\_\_

☐ Project-Specific Web Site Address (non-Marous) \_\_\_\_\_

☐ Signage - Budget \$ \_\_\_\_\_

☐ Project Sign

☐ Marous Logo Vinyl Banner ☐ Have banners ☐ Need banners

☐ 2'x8' ☐ 3'x12' ☐ 4'x15' ☐ Other \_\_\_\_\_

☐ Are you aware of a groundbreaking being planned for this project?

☐ Yes ☒ No

**Scope of Work and Construction Components (Brief Description of Project)**

Omni Solon expansion.

Scope of work: Demo existing utilities, install new utilities, Waterline, Storm sewer and Sanitary sewer. Install a storm-tech system. Provide new building pad footprint.



**ACCOUNTING***Meeting requires representation of all involved groups*Groups involved ☐ Carpentry ☐ CM ☐ DB ☐ Interior ☐ Multi-family ☒ Site ☐ Special ProjectsTarget Funds: ☐ Yes ☒ NoCity Registration(s) current? – Confirmed with Controller/Office Manager ☒ Yes ☐ NoIs this Project: ☒ Commercial Rate ☐ Residential Rate ☐ Other \_\_\_\_\_Bid Type: ☒ Negotiated ☐ Hard Bid ☐ Select/Invite**Prime Contract Billing Information**Billing Format: ☒ G702/G703 ☐ HUD ☐ Client Specific Format ☐ MBC InvoicePrime Contract Retainage 10 % through 50% completion of work.Retainage reduction allowed at some point ☐ Yes ☒ No If yes, when? \_\_\_\_\_Pencil Copy Required ☒ Yes ☐ No Due Date 20thDigital Copy Permitted ☐ Yes ☐ No Due Date \_\_\_\_\_Hard Copy Required ☒ Yes ☐ No Due Date 25th # of Copies 1Who is responsible for submitting executed billing to the client ☒ PM ☐ SBA ☐ Other \_\_\_\_\_Submit Bills to Jeremy Wilson/Eric Greenberg Email jwilson@omniseniorliving.com/ egreenberg@siteconsult.comAddress 33095 Bainbridge Rd. Solon OH 44139Payment Terms 30**AP Contact**

- Name Jeremy Wilson
- Position Project Manager
- Phone 216-299-4551
- Email jwilson@omniseniorliving.com

**Source of Payment**Will there be multiple methods of funding for the project? ☐ Yes ☒ No

If yes, please explain \_\_\_\_\_

**Form of payment**☒ Paper check (confirm owner has current address to avoid delays)☐ (ACH) Automated Clearing House (PM to contact accounting prior to the first draw request.)*\*Controller approval required prior to providing bank information to the owner.*

**Additional Prime Contract Documentation**

Affidavit/Waiver of Lien

Standard

☒ Yes ☐ No

Client Specific

☐ Yes ☒ No

located \_\_\_\_\_

 Any additional specific documents required ☐ Yes ☒ No

Please explain/located \_\_\_\_\_

 Are Subcontractor Waivers required for monthly billing submission ☐ Yes ☒ No

 Are Supplier Waivers required for monthly billing submission ☐ Yes ☒ No

**Subcontract Billing Information**

 Approximately how many subcontractors will be used on this project? 5

 Retainage 10 %

 Pencil Copy Required ☒ Yes ☐ No Due Date 20th

 Notarized Copy due date 25th Original Required ☐ Yes ☐ No

☒ MBC Waiver of Lien (and/or)

☐ Job Specific Waiver (Billing/Waiver/Affidavit) of Lien located \_\_\_\_\_

☐ Other \_\_\_\_\_

**COMPLIANCE**

 Prevailing Wage ☐ Yes ☒ No Davis-Bacon Determination Date \_\_\_\_\_

 Certified Payroll ☒ No ☐ Yes (*please check all that apply*) ☐ weekly ☐ monthly ☐ electronically ☐ hard copy

 Submit to \_\_\_\_\_ Email \_\_\_\_\_  
                     *Full Name*

 Funding Type ☐ City ☐ State ☐ Federal ☐ other \_\_\_\_\_

**Compliance Requirements/Goals**

 Does the project have Compliance: **Requirements** ☐ Yes ☒ No **Goals** ☐ Yes ☒ No

**REQUIREMENTS**
**CONTRACTUAL**

 MBE \_\_\_\_\_ %  
 FBE \_\_\_\_\_ %  
 CSB \_\_\_\_\_ %  
 Section 3 (HUD) \_\_\_\_\_ %  
 Other \_\_\_\_\_ %

**WORKFORCE**

 Residence \_\_\_\_\_ %  
 Low Income \_\_\_\_\_ %  
 Minority \_\_\_\_\_ % Female \_\_\_\_\_ %  
 Section 3 (HUD) \_\_\_\_\_ %  
 Other \_\_\_\_\_ %

## GOALS

MBE \_\_\_\_\_ %  
 FBE \_\_\_\_\_ %  
 CSB \_\_\_\_\_ %  
 Section 3 (HUD) \_\_\_\_\_ %  
 Other \_\_\_\_\_ %

Residence \_\_\_\_\_ %  
 Low Income \_\_\_\_\_ %  
 Minority \_\_\_\_\_ % Female \_\_\_\_\_ %  
 Section 3 (HUD) \_\_\_\_\_ %  
 Other \_\_\_\_\_ %

## Supporting Documents Required:

Compliance Section attached from the Prime contract ☐ Yes ☒ No

Wage Decision ☐ Yes ☒ No

Reporting Forms ☐ Yes ☒ No

Other \_\_\_\_\_

Compliance Kick-off meeting with Owner (*Funding Source Representative must be present*) scheduled for \_\_\_\_\_

## VIEWPOINT SUBCONTRACT TEMPLATE INFORMATION

*The Project Manager shall verify the following information:*

### ARTICLE 2 – SUBCONTRACT EXHIBITS\ATTACHMENTS (PC's: Strikethrough in black exhibits not included)

For ease in viewpoint template creation, please submit Exhibits A, B & C in Word format, Arial 10 Font.

#### ☒ Exhibit A - List of Contract Documents

Drawings and Specifications located J:\2022\22058 - OMNI Solon Expansion\03-Site Group\02-Project Managers Files\Drawings

Drawing Date 4/24/2022

#### ☒ Exhibit B – General Scope of Work (See PM Manual – Step 3 – Buy-Out Scope Template)

Date filed in Subcontractor Exhibits folder \_\_\_\_\_

#### ☒ Exhibits C- D- E -K Included in the iMarous Subcontract Request process

~~☐ Exhibit H & I Provided by the Compliance Manager when applicable~~

~~☐ Exhibit J – Owner Required Subcontract Clauses Requested from In-house Counsel on \_\_\_\_\_~~

~~In-House Counsel will provide project-specific exhibit to PC for insertion into the subcontract template.~~

#### ☒ Exhibit L Certificate of Insurance (PC's: A project-specific sample must be created)

All certificates must have MBC and Owner as additionally insureds. The project name must be stated on all certificate

**Additionally Insured Marous Brothers Construction AND** \_\_\_\_\_

Omni SLF Solon, LLC 33095 Bainbridge Road Solon, Ohio 44139

#### ☐ Additional Exhibits – List Below PC's: Make sure add to the master exhibit list

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



**ARTICLE 6.2 & 6.3 –PROGRESS PAYMENTS**Subcontractor billing due date 25th**ARTICLE 6.2.1 & 6.2.2–PROGRESS PAYMENTS**Subcontractor retainage 10 %**ARTICLE 13.2.2–CHANGES**Allowable subcontractor markup on change orders 10 %**ARTICLE 30.1.3-INSURANCE** Will the umbrella coverage exceed our standard of \$2,000,000 ☒ No ☐ Yes

If YES, Umbrella or excess coverages of at least \$ \_\_\_\_\_ each occurrence.

**ARTICLE 40.1 PREVAILING WAGE RATES** PCs: if not required, strikethrough in blackPrevailing Wage Rates IS ☐ / IS NOT ☒ requiredCertified Payroll IS ☐ / IS NOT ☒ required**PC CHECKLIST**

- ☒ Notice of Furnishing (NOF) ☒ Yes ☐ No
- ☒ Notice of Commencement (NOC) Received ☒ Yes ☐ No If no, Date Requested 6/7/2022
- ☐ Added to Intranet WIP Page Date Added \_\_\_\_\_
- ☐ Added to Hand-Off Meeting Tracking Sheet Date Added \_\_\_\_\_
- ☐ Emailed to required parties Date emailed \_\_\_\_\_
- ☐ Provided highlighted specifications to create the Submittal Register ☐ Yes ☒ No ☐ N/A
- ☐ **Client Reference Letter** to be requested (2) two weeks prior to substantial completion date.
- PC to send Outlook calendar invite to both the PM and Marketing. Date calendar invite sent \_\_\_\_\_

**NOTES:**

**Signatures of Acceptance/Acknowledgement****Matt Tyson**Digitally signed by Matt Tyson  
DN: cn=Matt Tyson, o=Marous Brothers  
Construction, ou=Site Group,  
email=mtyson@marousbrothers.com, c=US  
Date: 2021.10.04 16:44:52 -0400


Project Manager

Date

**Patty Stone**Digitally signed by Patty Stone  
DN: cn=Patty Stone, o=Marous Brothers  
Construction, Inc., ou=Site Group,  
email=pstone@marousbrothers.com, c=US  
Date: 2021.10.04 15:37:55 -0400

Project Coordinator

Date

  
Controller

Date

06/22/2022

  
Billing & Subcontract Administrator

Date

  
Staff Accountant

Date

6-22-2022

Compliance Manager

Date

**Other Attendees:**

Site Group PC (if applicable)

Date

Carpentry/Interiors PC (if applicable)

Date

**Distribution**

The Project Coordinator will post the signed copy of this document in the Project Manager files in the J-drive, under the project of the group who conducted the meeting. A copy will be emailed to Marketing, the Marketing Consultant, Human Resources, Safety/Business Development, and Payroll/Accounting personnel for their reference.