



Subcontract

Order: SUB-00000191

Date: 06/26/2025

Ordered By: achamberlain

To: NATIONAL TAB LLC
 PO BOX 40531
 CINCINNATI, OH, 45240

Project: 240045 - LNKC Amphitheater

You are hereby requested to provide the following materials/services to the above named project for the price listed below.

Cost Code & Description	Unit	Quantity	Price	Amount
808550 Test & Balancing	Each	1	\$16550	\$16,550.00
			Subtotal	\$16,550.00
			Total	\$16,550.00

Notes

Original Contract Value	\$16,550.00
Revised Contract Value	\$16,550.00

Tempcon Signature:	Date:	Subcontractor Signature: <i>William Turnbough</i>	Date: 8/4/2025
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Terms and Conditions in accordance with Master Agreement dated _____.
 In the event of conflicting terms and conditions, the project specific work order shall take precedence.

All applicable sales tax is included.

Payments will not be processed until subcontract work order is signed, insurance certificates are received, and bonds (if applicable) are received.

All changes to quantity, specification, or price must be approved in writing.



Project Name: LNR Amphitheater
 Project Number: 240045
 Project Manager: Austin Chamberlain
 Vendor Name: National TAB
 Completed By: Mike Knopke
 Date Completed: 5/13/2025

SUBCONTRACTOR SCOPE REVIEW - TEST & BALANCE

Scope Requirements	Yes	No	Subcontractor Comments	Yes	No
GENERAL					
Drawing / Specification Date:			2/24/2025		
List Addendums / Bulletins Included in Scope:			Addendum 3		
Lead Time for final TAB Report once Field Work is Complete:			24hrs		
Is Certified Payroll Required:		<input checked="" type="checkbox"/>	If YES, Provided in Proposal:		
Will an AIA SOV be required from Subcontractor:		<input checked="" type="checkbox"/>	If YES, Provided in Proposal:		
Will weekend work be required to meet Schedule:		<input checked="" type="checkbox"/>	If YES, Provided in Proposal:		
Will provide necessary insurance documents as required:				<input checked="" type="checkbox"/>	
Will submit to background / drug checks if required on project:				<input checked="" type="checkbox"/>	
Will abide by all safety requirements while on project:				<input checked="" type="checkbox"/>	
Will attend weekly job meetings as requested:				<input checked="" type="checkbox"/>	
Will provide clean up of own work daily:				<input checked="" type="checkbox"/>	
Will be responsible for own jobsite parking:				<input checked="" type="checkbox"/>	
Will provide all necessary work platforms to complete work:			Will try to utilize lift on jobsite	<input checked="" type="checkbox"/>	
Will provide material handling as required:				<input checked="" type="checkbox"/>	
Other:			If YES, Provided in Proposal:		
SUBCONTRACTOR - TEST & BALANCING (S00400)					
TAB Testing Prior to Construction Required:		<input checked="" type="checkbox"/>	If YES, Provided in Proposal:		
HVAC-AHU (S/A, R/A, OA, Relief Air) Balance Required:	<input checked="" type="checkbox"/>		If YES, Provided in Proposal:	<input checked="" type="checkbox"/>	
HVAC-Exhaust Fans Balance Required:	<input checked="" type="checkbox"/>		If YES, Provided in Proposal:	<input checked="" type="checkbox"/>	
HVAC-MUA / SA Fans Balance Required:	<input checked="" type="checkbox"/>		If YES, Provided in Proposal:	<input checked="" type="checkbox"/>	
HVAC-Kitchen Hood Systems Balance Required:	<input checked="" type="checkbox"/>		If YES, Provided in Proposal:	<input checked="" type="checkbox"/>	
HVAC-Final VFD / Speed Control Adjustment Required:	<input checked="" type="checkbox"/>		If YES, Provided in Proposal:	<input checked="" type="checkbox"/>	
HVAC-Ductwork Systems Balance Required:	<input checked="" type="checkbox"/>		If YES, Provided in Proposal:	<input checked="" type="checkbox"/>	
HVAC-Air Device Balance Required:	<input checked="" type="checkbox"/>		If YES, Provided in Proposal:	<input checked="" type="checkbox"/>	
Other:			If YES, Provided in Proposal:		
Other:			If YES, Provided in Proposal:		
VENDOR PROPOSAL					
Any Specific Exclusions in the Proposal:			If YES, note below:		
a. Prevailing Wage					
b. Sound and Vibration Testing					
c. Indoor Air Quality Testing					
d. Pre-Testing					
e.					
f.					
Is this a Taxable project:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If YES, Provided in Proposal:		
Is this a Prevailing Wage project:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If YES, Provided in Proposal:		
Bid Price:			\$16,550.00		
Final Proposal Amount:					
Freight Terms:					
Any Discount Terms:			If YES,		
Payment Terms:			PER TC SUBCONTRACT		
SCHEDULE					
Anticipated TAB Start Date:			1/16/2026		
Anticipated TAB Completion Date:			2/12/2026		
Anticipated Project Completion Date:			2/12/2026		
Final TAB Report Required by:			2/18/2026		
Other:					
OTHER COMMENTS					
If weekend work is required to meet the project schedule due to negligence of this subcontractor, premium cost will not be passed along. Will to look into note W in specs with Scott.					
ACKNOWLEDGEMENT					
By signing the Scope Review below, the Subcontractor acknowledges that he has reviewed all drawings and specifications and that the product & services being provided meets or exceeds all design criteria, with the exception of those exclusions specifically listed above. And in doing so, the Subcontractor is obligated to turn-over a fully functional / operational system at the conclusion of the project.					
Supplier:	Signature and Title			Date	
Temp Con:	 Assistant Project Manager			8/4/25 Date	
	Signature and Title			Date	