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|--------------------|--|----------------------------|
| <b>DPMC<br/>20</b> | <b>FINAL CONTRACT ACCEPTANCE</b><br>STATE OF NEW JERSEY – DPMC – OFFICE OF DESIGN & CONSTRUCTION | PROJECT NUMBER:<br>➔ _____ |
|--------------------|--|----------------------------|

|                          |                             |
|--------------------------|-----------------------------|
| PROJECT NAME & LOCATION: | CONTRACTOR NAME & LOCATION: |
|--------------------------|-----------------------------|

|                |        |                  |
|----------------|--------|------------------|
| CLIENT AGENCY: | TRADE: | CONTRACT NUMBER: |
|----------------|--------|------------------|

**1 CONTRACTOR CERTIFICATION & RELEASE:** I certify, for the above noted contract, that (1) all work has been completed in accordance with contract plans, specifications and other contract documents including those submittals, changes, substitutions and/or credits approved in writing by DPMC; (2) all workmanship, quality and materials are hereby guaranteed as required by contract documents; and (3) the State of New Jersey is hereby released from all liabilities, obligations or claims under this contract.

|                   |             |        |                            |       |
|-------------------|-------------|--------|----------------------------|-------|
| <b>CONTRACTOR</b> | PRINT NAME: | TITLE: | COMPANY OFFICER SIGNATURE: | DATE: |
|-------------------|-------------|--------|----------------------------|-------|

**2 A/E CERTIFICATION:** I certify, for the above noted contract, that (1) the work has been completed in accordance with the intent of the contract plans, specifications and other contract documents including those submittals, changes, substitutions and/or credits approved in writing by DPMC; (2) I have attended the final inspection of the contract work; and (3) all contract close-out requirements (including but not limited to operating and maintenance manuals, warranties and as-built drawings) have been fulfilled and/or received, except as otherwise noted in an attachment.

Check here if attached

Consultant's Contract Number and/or Work Order number: \_\_\_\_\_

|                              |               |             |                |       |
|------------------------------|---------------|-------------|----------------|-------|
| <b>ARCHITECT OR ENGINEER</b> | COMPANY NAME: | PRINT NAME: | A/E SIGNATURE: | DATE: |
|------------------------------|---------------|-------------|----------------|-------|

**3 PM CERTIFICATION:** I certify, for the above noted contract, that (1) all work has been completed in accordance with contract plans, specification and other contract documents including those submittals, changes, substitutions and/or credits approved in writing by DPMC; (2) the final inspection of the contract work has been conducted; and (3) all close-out contract requirements (including but not limited to operating and maintenance manuals, warranties and as-built drawings) have been fulfilled and/or received, except as otherwise noted in an attachment.

Check here if attached

|                        |               |             |               |       |
|------------------------|---------------|-------------|---------------|-------|
| <b>PROJECT MANAGER</b> | ORGANIZATION: | PRINT NAME: | PM SIGNATURE: | DATE: |
|------------------------|---------------|-------------|---------------|-------|

**4 CLIENT AGENCY ACCEPTANCE:** For the above noted contract, this agency has attended the final inspection, or waived its rights of attendance, and accepts the work covered by the contract, except as otherwise noted in an attachment.

Check here if attached

|                           |               |             |                          |       |
|---------------------------|---------------|-------------|--------------------------|-------|
| <b>CLIENT AGENCY REP.</b> | ORGANIZATION: | PRINT NAME: | CLIENT AGENCY SIGNATURE: | DATE: |
|---------------------------|---------------|-------------|--------------------------|-------|

**5 RECOMMENDATION:** I recommend final acceptance of the above noted contract and certify that (1) the contract has been completed in accordance with the contract plans, specifications and other documents including those submittals, changes, substitutions and/or credits approved in writing by the DPMC; (2) all changes, substitutions, and/or credits have been approved in writing in accordance with contract provisions and DPMC policy and procedure; and (3) the contract close-out requirements, as referenced above, including all issues related to liquidated damages, have been fulfilled and/or received, except as otherwise noted in an attachment. The certifications presented above, or in related attachments, are correct to the best of my knowledge. Further, if the client agency, referenced above, has refused or waived its rights of acceptance of the contract, or has qualified its acceptance in writing in any way, I nonetheless recommend final contract acceptance with comments and/or supplemental recommendations as attached.

Check here if attached

|   |               |             |  |       |
|---|---------------|-------------|--|-------|
| <b>ASSISTANT DEPUTY DIRECTOR CONSTRUCTION</b> | ORGANIZATION: | PRINT NAME: | ASSISTANT DEPUTY DIRECTOR, CONST. SIGNATURE: | DATE: |
|---|---------------|-------------|--|-------|

|                                    |   |                                     |                        |
|------------------------------------|---|-------------------------------------|------------------------|
| <b>AUDIT USE</b>                   | <b>CONTRACT DATES &amp; INFORMATION</b>                           | <b>FINANCES</b>                     |                        |
|                                    | Contract Date: _____  | Contracts Closed-Out _____ of _____ | Award Amount: \$ _____ |
|                                    | NTP Date: _____   |                                     |                        |
|                                    | Orig. Calendar Days: _____ Days                                   |                                     | Change Order: \$ _____ |
|                                    | Orig. Completion Date: _____                                      |                                     |                        |
| Approved EOT: _____ Days           | <input type="checkbox"/> Funds are available to pay final invoice | Final Cost: \$ _____                |                        |
| Substantial Completion Date: _____ |   |                                     |                        |

|                 |   |
|-----------------|---|
| <b>AUDITED</b>  | <b>RECOMMENDED</b>                                  |
| AUDITOR:        | ASSISTANT DEPUTY DIRECTOR, CONTRACT ADMINISTRATION: |
| Signature _____ | Signature _____                                     |
| Date _____      | Date _____  |

**DEPUTY DIRECTOR, DPMC:**

Signature \_\_\_\_\_ Date \_\_\_\_\_

**ACCEPTED FOR THE STATE OF NEW JERSEY:**

Signature \_\_\_\_\_ Date \_\_\_\_\_