|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Part I - Agency Information** | | | | | | |
| **Agency Name:** | | |  | | | |
| **Authorized Representative:** | | |  | | | |
| **PM Assigned to Project:** | | |  | | | |
| **PM Contact Information:** | | |  | | | |
|  | | | | | | |
| **Part II - Project Information** | | | | | | |
| **DAS Project Number:** | | |  | | | |
| **Project Name:** | | |  | | | |
| **Project Location:** | | |  | | | |
| **Construction Start Date\*:** | | | Click or tap to enter a date. | | **N/A:** |  |
| **Acceptance Date\*:** | | | Click or tap to enter a date. | | **N/A:** |  |
| **Final Project Cost\*\*:** | | |  | | | |
| *\* If no construction, repair, alteration or addition, then the “Construction Start Date” and “Acceptance Date” may be marked as N/A.*  *\*\* If no construction…, the “Final Project Cost” is equal to the cost of services and deliverables provided by the project consultant(s).* | | | | | | |
|  | | | | | | |
| **Part III - Consultant / Contractor/ Supplier Information** | | | | | | |
| *If more than one Consultant/Contractor/Supplier was used on the above referenced project, please provide the requested information below for each under separate cover and attach a copy to this form with your submission. Subcontractor information is not required.* | | | | | | |
| **Consultant/Contractor Name** | | |  | | | |
| **On-Call Contract No.:** | | |  | | | |
| **On-Call Task No:** | | |  | | | |
| **State Contract No:** | | |  | | | |
| **PO No.:** | | |  | | | |
|  | | | | | | |
|  |  |  | | | | |
| **Part IV - Project Closeout Documentation** | | | | | | |
| *The following documents shall be completed, signed, & submitted as appendices to this form upon completion of the Project. The required documents can only be marked as N/A if the project scope of work does not include the construction, repair, alteration or addition to any state building or any other public works of the state. With the exception of Form 7995, all documents shall be submitted, via email, to the Director of Construction Support Services at* [*craig.russell@ct.gov*](mailto:craig.russell@ct.gov) *within thirty (30) days of project completion. Form 7995 shall be completed by the Client Agency PM at project completion and submitted to the Chief Architect via email at* [*DAS.Technical.Review@ct.gov*](mailto:DAS.Technical.Review@ct.gov)*.* | | | | | | |
| **Complete** | **N/A** | **Form No.** | | **Form Title** | | **Statutory Reference** |
|  |  | **7150** | | Certificate of Compliance, Part II | | C.G.S., Section 29-252a (d)(2) |
|  |  | **7820** | | Certificate of Acceptance | | C.G.S., Section 4-61 |
|  |  | **7910** | | Consultant Performance Evaluation | | C.G.S., Section 4b-52 |
|  |  | **745** | | Contractor Performance Evaluation | | C.G.S., Section 4a-101 |
|  |  | **7995** | | Archival Data for Project Documents | | N/A |