



# New College of Florida

THE HONORS COLLEGE

## NEW COLLEGE OF FLORIDA MINOR PROJECT CERTIFICATE OF CONTRACT COMPLETION

DATE: \_\_\_\_\_ FOR PERIOD ENDING \_\_\_\_\_ PAYMENT NO. \_\_\_\_\_ BID NO: \_\_\_\_\_

PURCHASE ORDER NO. \_\_\_\_\_ PROJECT NAME: \_\_\_\_\_

CONTRACTOR: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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ORIGINAL CONTRACT SUM: \_\_\_\_\_ ORIGINAL CONTRACT TIME: \_\_\_\_\_ CALENDAR DAYS  
CHANGE ORDERS TO DATE: \_\_\_\_\_ AUTHORIZED EXTENSION: \_\_\_\_\_ CALENDAR DAYS  
ADJUSTED CONTRACT SUM: \_\_\_\_\_ TIME LAPSED TO DATE: \_\_\_\_\_ CALENDAR DAYS

TYPE OF PAYMENT: FINAL/FULL \_\_\_\_\_ WITH A RELEASE OF LIEN FROM ALL SUBCONTRACTORS AND SUPPLIERS, APPLICABLE TO THIS PROJECT.  
PARTIAL \_\_\_\_\_ %

WORK PERFORMED TO DATE: .....\$ \_\_\_\_\_  
MATERIALS SUITABLY STORED: .....\$ \_\_\_\_\_  
TOTAL TO DATE: .....\$ \_\_\_\_\_  
LESS RETAINAGE: TEN (10%) PERCENT .....\$ \_\_\_\_\_  
LESS PREVIOUS PAYMENTS: .....\$ \_\_\_\_\_  
  
AMOUNT DUE THIS PAYMENT: .....\$ \_\_\_\_\_

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CERTIFICATE OF THE CONTRACTOR

I CERTIFY THAT ALL ITEMS AND AMOUNTS SHOWN ON THE FACE OF THIS CERTIFICATE ARE CORRECT, THAT ALL WORK UNDER THE ABOVE NAMED CONTRACT AND ALL ADDENDA THERETO HAS BEEN SATISFACTORILY COMPLETED; THAT, WITHIN SEVEN (7) WORKING DAYS AFTER RECEIPT OF PAYMENT, WHETHER PARTIAL OR FULL, FOR THE PERFORMANCE OF THIS CONTRACT, ALL SUBCONTRACTORS AND SUPPLIERS WILL BE PAID THEIR PRORATED PORTION, IN ACCORDANCE WITH SECTION 287.0585, FLORIDA STATUTES. I, FURTHER, CERTIFY THAT NO LIENS ARE ATTACHED AGAINST THE PROJECT; THAT NO SUITS ARE PENDING BY REASON OF WORK ON THE PROJECT UNDER THE CONTRACT; AND THAT NO PUBLIC LIABILITY CLAIMS ARE PENDING, EXCEPT AS FOLLOWS: \_\_\_\_\_

I, FURTHER, CERTIFY THAT I AM IN COMPLIANCE WITH SECTION 287.057(7), FLORIDA STATUTES, AND OFFER AS PROOF THE ATTACHMENT ENTITLED "CERTIFIED MINORITY BUSINESS ENTERPRISES - UTILIZATION FORM", ONLY WHERE APPLICABLE.

DATE: \_\_\_\_\_ CONTRACTOR: \_\_\_\_\_

BY: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(CONTRACTOR'S SIGNATURE) (TITLE) (DATE)

STATE OF FLORIDA, COUNTY OF \_\_\_\_\_

PERSONALLY APPEARED BEFORE ME THIS THE \_\_\_\_\_ DAY OF \_\_\_\_\_, 19\_\_\_\_, \_\_\_\_\_, KNOWN (OR MADE KNOWN) TO ME TO BE THE \_\_\_\_\_ (OWNER, PARTNER OR GIVE TITLE) OF \_\_\_\_\_ (COMPANY NAME), CONTRACTORS WHO SUBSCRIBED AND SWORE TO THE ABOVE INSTRUMENT IN MY PRESENCE.

(SEAL/STAMP) NOTARY PUBLIC: \_\_\_\_\_  
TYPE NAME: \_\_\_\_\_  
My COMMISSION EXPIRES: \_\_\_\_\_

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CERTIFICATE OF THE PROJECT MANAGER - ARCHITECT - ENGINEER: I CERTIFY THAT I HAVE CHECKED AND VERIFIED THIS CERTIFICATE, THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS A TRUE STATEMENT OF THE VALUE OF THE WORK PERFORMED, AND MATERIALS INCLUDED IN THIS CERTIFICATE HAS BEEN INSPECTED BY ME OR MY AUTHORIZED ASSISTANT(S); AND THAT ALL WORK HAS BEEN PERFORMED AND MATERIALS SUPPLIED IN FULL COMPLIANCE WITH THE TERMS OF THE CONTRACT.

\_\_\_\_\_  
(NAME) (TITLE) (DATE)

COLLEGE APPROVAL: PROJECT MANAGER SIGNATURE (IF OTHER THAN ABOVE): \_\_\_\_\_  
NCF-COC 12/04