



**Marion County  
Board of County Commissioners**

**Procurement Services**

2631 SE Third St  
Ocala, FL 34471  
Phone: 352-671-8444  
Fax: 352-671-8451

**PROJECT CLOSE OUT MEETING REQUEST FORM**

Project Name: 911 System Replacement

Project Code: PCC000008 Contract Number: [ ]

End-Using Dept.: 911 Management

Project Budget: \$1,381,580

Final Project Costs: \$1,325,862.40

Remaining Funds: \$55,717.60

Funding Restrictions (Grant, Etc.): [ ]

Construction Manager Name: Michelle Hirst

**Documentation Provided**

Copy of Dept. Acceptance letter:  Yes  No

Date Final Request for Payment Received: [ ]

Facilities Director/ Project Manager Signature: [ ]

**Administrative Use**

Date Meeting Request Received: [ ] Date of Project Close Out Meeting: [ ]

**Project Completion Certification (To be completed & signed during CPM):**

Recommendation for Remaining Project Funds

Return remaining funds to 599101 Reserve for Contingencies.

*[Signature]* 8/8/24  
 Department Signature Date

N/A  
 Facilities Management Signature Date

*[Signature]*  
 Budget Signature Date

N/A  
 Information Technology Signature Date

*[Signature]* 8-8-24  
 Procurement Services Signature Date

*[Signature]* 8/8/24  
 Administration/Fiscal Signature Date