



# PROJECT CLOSE OUT MEETING REQUEST FORM

Project Name: Fire EMS Ocala Central

Project Code: FRC000007 Contract Number: [ ]

End-Using Dept.: Fire

Project Budget: 8,497,588.00 ✓

Final Project Costs: 8,399,203.25 ✓

Remaining Funds: ~~98,384.75~~ 100,582.44

Funding Restrictions (Grant, Etc.): [ ]

Construction Manager Name: Dinkins

### Documentation Provided

Copy of Dept. Acceptance letter:  Yes  No

Date Final Request for Payment Received: Dec 18, 2024

Facilities Director/ Project Manager Signature: [ ]

### Administrative Use

Date Meeting Request Received: [ ]

Date of Project Close Out Meeting: Nov 19, 2024

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

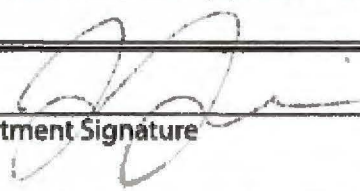
Recommendation for Remaining Project Funds


AA712526-564102- ~~\$0.84~~ - Back to Original Fund ✓


VJ733526-562102- \$97,055.45- FRC000014 ✓

AA712526-563102 - \$3,526.99 - Back to Original Fund ✓

Return to Emergency Medical Services where funding was transferred from on 8/20/2024

 1/6/25  
 Department Signature Date

 1-7-25  
 Facilities Management Signature Date

 1-7-25  
 Budget Signature Date

Debbie Cole Digitally signed by Debbie Cole  
 Date: 2025.01.06 13:30:35 -05'00'

 1/7/25  
 Procurement Services Signature Date

Administration/Fiscal Signature Date