



PROJECT CLOSE OUT MEETING REQUEST FORM

Project Name

Project Code Contract Number

End-Using Dept.

Project Budget

Final Project Costs

Remaining Funds *JK.*

Funding Restrictions (Grant, Etc.)

Construction Manager Name

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

Move remaining funds to FLC000001- Consolidated Fleet Facility

<div style="display: flex; justify-content: space-between;"> <div style="text-align: center;"> Department Signature </div> <div style="text-align: center;"> 12-23-25 Date </div> </div>	<div style="display: flex; justify-content: space-between;"> <div style="text-align: center;"> Procurement Services Signature </div> <div style="text-align: center;"> Date </div> </div>
<div style="display: flex; justify-content: space-between;"> <div style="text-align: center;"> Facilities Management Signature </div> <div style="text-align: center;"> Date </div> </div>	<div style="display: flex; justify-content: space-between;"> <div style="text-align: center;"> Administration/Fiscal Signature </div> <div style="text-align: center;"> Date </div> </div>
<div style="display: flex; justify-content: space-between;"> <div style="text-align: center;"> Budget Signature </div> <div style="text-align: center;"> Date </div> </div>	



PROJECT CLOSE OUT MEETING REQUEST FORM

Project Name: FIRE PANEL UPGRADES

Project Code: FMC000003 Contract Number: 23P-031

End-Using Dept.: Department of Health

Project Budget: 150,000

Final Project Costs: 108,342.07

Remaining Funds: 41,657 *JJK*

Funding Restrictions (Grant, Etc.):

Construction Manager Name: Midstate Electric

Documentation Provided

Copy of Dept. Acceptance letter: Yes No

Date Final Request for Payment Received: 10/04/2023

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

Move remaining funds to FLC000001- Consolidated Fleet Facility

[Signature] 12.23.25
 Department Signature Date Procurement Services Signature Date

Facilities Management Signature Date Administration/Fiscal Signature Date

Budget Signature Date



PROJECT CLOSE OUT MEETING REQUEST FORM

Project Name:

Project Code: Contract Number:

End-Using Dept.:

Project Budget:

Final Project Costs:

Remaining Funds: *JST.*

Funding Restrictions (Grant, Etc.):

Construction Manager Name:

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

Move remaining funds to FLC000001- Consolidated Fleet Facility

[Signature] _____ *12-23-25*
 Department Signature Date

 Procurement Services Signature Date

 Facilities Management Signature Date

 Administration/Fiscal Signature Date

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Funding Restrictions (Grant, Etc.)

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Facilities Director/ Project Manager Signature:

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Facilities Management Signature	Date	Administration/Fiscal Signature	Date
Budget Signature	Date		



PROJECT CLOSE OUT MEETING REQUEST FORM

Project Name: JAIL PLUMBING E AND F PODS

Project Code: FMC000032 Contract Number: 23B-222

End-Using Dept.: Sheriffs Department

Project Budget: 181,900.00

Final Project Costs: 178,772.62

Remaining Funds: 3,127 *JH*

Funding Restrictions (Grant, Etc.):

Construction Manager Name: Chads Water Works Plumbing LLC

Documentation Provided

Copy of Dept. Acceptance letter: Yes No

Date Final Request for Payment Received: 11/22/2024

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

Move remaining funds to FLC000001 - Consolidated Fleet Facility

JH 12-23-25
 Department Signature Date Procurement Services Signature Date

Facilities Management Signature Date Administration/Fiscal Signature Date

Budget Signature Date



PROJECT CLOSE OUT MEETING REQUEST FORM

Project Name: JAIL REPLACEMENT OF 7 ROOFTOP ACS

Project Code: FMC000034 Contract Number: 21Q-118

End-Using Dept.: Sheriffs Department

Project Budget: 160,500.00

Final Project Costs: 137,215.50

Remaining Funds: 23,284 *JNK*

Funding Restrictions (Grant, Etc.):

Construction Manager Name: Balanced Mechanical

Documentation Provided

Copy of Dept. Acceptance letter: Yes No

Date Final Request for Payment Received: 11/22/2024

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

Move remaining funds to FLC000001 - Consolidated Fleet Facility

[Signature] 12-23-25
 Department Signature Date

Facilities Management Signature Date

Budget Signature Date

Procurement Services Signature Date

Administration/Fiscal Signature Date



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Funding Restrictions (Grant, Etc.)

Construction Manager Name

Documentation ProvidedCopy of Dept. Acceptance letter: Yes NoDate 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

Department Signature *[Signature]* Date *12.23.25*

Procurement Services Signature _____ Date _____

Facilities Management Signature _____ Date _____

Administration/Fiscal Signature _____ Date _____

Budget Signature _____ Date _____



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Administrative Use

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	<i>12.23.25</i>	
Department Signature	Date	Procurement Services Signature Date
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Budget Signature	Date	



PROJECT CLOSE OUT MEETING REQUEST FORM

Project Name: FACILITIES INVENTORY & STORAGE

Project Code: FMC000051 Contract Number: 20Q-161-TO-39

End-Using Dept.: Facilities

Project Budget: 300,000.00

Final Project Costs: 241,526.78

Remaining Funds: 58,473 *JK*

Funding Restrictions (Grant, Etc.):

Construction Manager Name: Dinkins Construction

Documentation Provided

Copy of Dept. Acceptance letter: Yes No

Date Final Request for Payment Received: 01/21/2025

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

Move remaining funds to FLC000001- Consolidated Fleet Facility

[Signature] _____ *12-23-25* _____
 Department Signature Date

_____ _____
 Facilities Management Signature Date

_____ _____
 Budget Signature Date

_____ _____
 Procurement Services Signature Date

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 Administration/Fiscal Signature Date



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