STATE OF NEW JERSEY
SCHOOLS DEVELOPMENT AUTHORITY

CONTRACT MANAGEMEN FIRM/PROJECT MANGEMENT FIRM
CLOSE-OUT FOLDER CHECKLIST

NJSDA Form 713

Date: _____

Package No.: _____ **Package Name:** _____

PMF/CMF: _____ **PMF/CMF PM:** _____

_____ ☐ Construction Contract Final Completion Checklist Completed without exceptions.
Date:

_____ ☐ Design Contract Completion Checklist completed without exceptions.
Date:

_____ ☐ Final Acceptance of Consultant contracts(s) has been achieved.
Date:

_____ ☐ Lien Waivers received from all Construction Contractor(s), Design Consultant(s) and all of their sub-consultants and suppliers.
Date:

_____ ☐ All Project Documentation and Records have been turned over to SDA and/or Client School District as applicable.
Date:

_____ ☐ All Consultant owned or generated property, materials, waste, etc. has been removed from Client School District or State of New Jersey owned property.
Date:

Project Complete: _____ _____
PMF/CMF Signature **Date:**

Project Complete: _____ _____
SDA Program Officer **Date:**