

CONFIRMATION OF CONTRACT COMPLIANCE

NJSDA FORM 702

School District: _____

School Name: _____

Contract #: _____

Contractor Name: _____

Contract Value: _____
(Enter dollar value without the dollar sign)

Contract Type: **HS** _____ **NC** _____ **NCR** _____ **NRA** _____

(HS = Health & Safety; NC = New Construction only; NCR = New Construction & Renovations; NRA = New Construction, Renovations & Additions)

The Project is being undertaken by the New Jersey Schools Development Authority (the “NJSDA”) pursuant to a Section 13(c) Implementation Agreement (the “Agreement”) and the Educational Facilities Construction and Financing Act, P.L. 2000, c. 72. Terms not otherwise defined herein shall have their meaning as set forth in such Agreement

The project status has been confirmed as follows:

- A.** The essential requirements of the Contract have been fully performed so that the purpose of the Contract is accomplished.
- B.** The Punch list has been created.
- C.** To the best of my knowledge, there are no material omissions or technical defects or deficiencies regarding the School Facilities Project.
- D.** The School Facilities Project is ready for occupancy in accordance with its intended purpose.
- E.** To the best of my knowledge, there are no outstanding claims by the named Contractor regarding this School Facilities Project.
- F.** The Design Consultant has submitted a written report indicating that the work conforms to the Construction Contract Documents.
- G.** Evidence of successful code compliance inspections has been obtained.

The temporary certificate of occupancy, compliance, clearance or approval has been issued. **Yes** **No**

The permanent certificate of occupancy, compliance, clearance or approval has been issued. **Yes** **No**

I hereby approve the release retainage for this contract to _____ % of the contract value.

PMF/CM Representative: _____ **Date:** _____

Print Name: _____

NJSDA Project Management

Project Manager: _____ **Date:** _____

Print Name: _____

NJSDA Project Management

Regional Director: _____ **Date:** _____

Print Name: _____