Form 571

# December 2016

### Certificate of Project Completion / Affidavit of Contractor

|  |  |  |  |
| --- | --- | --- | --- |
| DATE:  |       | AGENCY/LOCATION:  |       |
| DCC PROJECT  | A-      | FACILITY NAME/PROJECT TITLE:  |       |
| Attachments: | [ ]  Final Application for Payment [ ]  Project Closeout Checklist |
| Used for **Partial Project Completion** DESCRIPTION:(Attach separate sheet if needed) |        |
| Attachments: | [ ]  Application for Payment; [ ]  Description for Partial Completion, if needed |

This is to certify that a final inspection of the above Project has been conducted jointly by the Contractor, the Project Designer/Architect/Engineer, the State Agency and the OFPM-DCC, and that the Parties have determined that the project has been fully completed in accordance with the Contract Documents as of      .

Accordingly, the Secretary of Administration accepts the Project as being fully completed. All guarantees and warranties that have not commenced by the date on the Certificate of Substantial Completion shall commence as of the above completion date. Occupancy of the building is contingent on the issuance of the Certificate of Occupancy by the OFPM-DCC. The Agency accepts the Project as being fully completed and assumes the responsibility for maintenance, custodial care and utilities for the premises. The Contractor remains responsible to correct errors and omissions discovered subsequent to the execution of this document and to respond to claims made under applicable warranties.

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| Insert A/E Firm Name |  |  |  |  |
| Project Architect/Engineer (Firm) |  | Signature  |  | Date |
| Insert Contractor's Name |  |  |  |  |
| Contractor (Firm) |  | Signature  |  | Date |
| Insert Agency Name |  |  |  |  |
| Agency/Owner |  | Signature  |  | Date |
| Office of Facilities and Property Management |  |  |  |  |
| Secretary of Administration |  | Signature  |  | Date |

**Affidavit of Contractor:** Since the above Project is now complete, I hereby declare that all indebtedness, *except as listed on attached*, whether incurred by me as a principal contractor, or by a subcontractor or otherwise, for supplies, materials or labor furnished, used or consumed in connection with or in or about the construction of the above mentioned project, have been paid in full; and I further declare that the State of Kansas has been paid in full for all loss, cost damage or expense caused by reason of any negligence, defective condition, default, failure or miscarriage in the performance of said contract, either by me as principal contractor or by a subcontractor or otherwise.

*Exceptions, if any, shall be paid within seven (7) days of receipt of payment from the Owner.*

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| Contractor Name / Address:     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature of Contractor’s Authorized Representative [ ]  Attached Payment Exceptions, if any | State of \_\_\_\_, County of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. As subscribed and sworn to me on this day \_\_\_\_\_\_\_\_\_\_\_\_\_. Before me personally appeared for the above project and being duly sworn stated that the above statement is true and correct. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature of Notary PublicMy commission expires: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. |