

CERTIFICATE OF SUBSTANTIAL COMPLETION
 DEPARTMENT OF TECHNOLOGY, MANAGEMENT AND BUDGET
 Facilities and Business Services Administration

DATE OF SUBSTANTIAL COMPLETION: _____
FINAL COMPLETION DATE: _____

The work performed under the subject contract between the State of Michigan and the contractor named at the location listed, has been inspected and found to be in compliance with the contract documents, including duly authorized changes, except for the list of the exceptions noted. The Contractor agrees to complete or correct these items on or before (date):

INDEX NUMBER(S)	AGENCY NUMBER	FILE NUMBER	CONTRACT NUMBER
DEPARTMENT/AGENCY			
PROJECT NAME			CONTRACT PRICE
CONTRACTOR NAME AND ADDRESS			
PROFESSIONAL			

1. **SCOPE:** This Certificate of Substantial Completion is for the entire Work _____ or the parts of the Work listed in Attachment A _____.
2. **DIVISION OF RESPONSIBILITIES:** The responsibilities between the Owner and Contractor for security, operation, safety, maintenance, heat and utilities, insurance and warranties and guarantees, pending final payment (or Substantial Completion of the entire Work), shall be as shown on Attachment B.
3. **DOCUMENTS ATTACHED:** The following documents are attached to and made a part of this Certificate:

PUNCH LIST

APPROVALS

AGENCY REPRESENTATIVE	DATE
CONTRACTOR	DATE
FACILITIES AND BUSINESS SERVICES ADMINISTRATION	DATE
PROFESSIONAL	DATE

White - Contract Green - Project Manager Canary - Professional Service Contractor Pink - Contractor Goldenrod - Agency

Items of work must be completed before final payment can be made and the contract close out. Authority: 1984 PA 431.