PROJECT SUMMARY

Department Directors and/or designee are responsible for the completion of this form when a contractor/vendor has completed a contract and final payment is due.

Sealed Bid/RFP/Project Name:_____

_____

Contractor/Vendor Name: _____

User Department/Division: _____

Start Date of Project: _____ Completion Date: _____

Work Authorization No.(If Applicable): _____ Project No. _____

Purchase Order No.:_____

Small Business Goal:_____% Awarded Small Business Goal:_____% SB Achieved:_____%

Awarded Contract Amount: $_____

+ or – Change Order Amounts: $_____ No. of Change Orders:_____

Final Contract Amount: $_____

Final Payment Amount: $_____

Department Director: _____ Date:_____
(Signature)

SB Goal Attainment: _____

The above named contractor/vendor:

_____ complied with the SB goals as stated in contract, OR

_____ did not fulfill the established SB goal.

Original: Small Business Division Copy: Procurement Division