



Deval L. Patrick, Governor
 Timothy P. Murray, Lt. Governor
 Jeffrey B. Mullan, Secretary & CEO
 Christopher J. Willenborg, Administrator



Engineering/Construction Project Closeout Report

AIRPORT _____

PROJECT TITLE _____

PROJECT AIP NO. _____ PROJECT STATE NO. _____

Project Description (attach additional sheets if necessary):

CONSULTANT CONTRACT DATA:

CONSTRUCTION CONTRACT DATA:

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Original Contract	Total Amendments	Final Contract Cost	Original Contract	Total Amendments	Final Contract Cost

PROJECT SCHEDULE DATA:

Date	Description of Event	Date	Description of Event
	Aeronautics Pre-App Approval		Pre-Construction Conference
	Pre-Design / Scoping meeting		Construction Contract Approval
	Consultant Contract Approval		Notice to Proceed
	Receipt of Preliminary Plans, Specs, & Estimate		Original Construction Completion
	Aeronautics Final Design Approval		Revised Construction Completion
	Advertise Bids for Construction		Construction Substantially Complete
	Bid Opening for Construction		Final Construction Completion
	Aeronautics Grant Offer		Aeronautics Final Inspection

FINAL PROJECT COST & FUNDING DATA:

Project Cost Categories	AIP Eligible	ASMP Eligible	In-Eligible	Total
Consultant				
Construction				
Equipment				
Other Costs				
Administration				
Project Totals				

Project Funding Source	AIP Eligible	ASMP Eligible	In-Eligible	Total
FAA Share				
Aeronautics Share				
Local Share				
Project Totals				

Proposed DBE Fee	Actual DBE Fee	Final DBE %

FINAL PROJECT DBE PARTICIPATION:

FINAL PROJECT DELIVERABLES:

- As-Built Plans
 DBE Forms
 Daily Reports
 Project Photos
 Update ALP

CERTIFICATION FOR FINAL PROJECT ACCEPTANCE:

I hereby certify that: 1) the information noted herein is true and accurate; and 2) the project was completed to my satisfaction in conformance with applicable federal, state, and local laws, rules, regulations, and funding program guidelines; and 3) state funds have been requested and will be distributed as noted above in accordance with applicable funding program guidelines.

Aeronautics Grant Summary

Grant No.:	
Original Amount.:	\$ _____
Final Share:	\$ _____
Grant Balance:	\$ _____
Amendment:	\$ _____

Signature of Airport Sponsor

Title of Airport Sponsor

Date