

CERTIFICATE OF COMPLETION AGREEMENT

MA No. _____ Project Name _____

Financial No. _____

Vendor No. _____

Federal No. _____

THIS CERTIFICATION OF COMPLETION AGREEMENT, made and entered into this _____ day of _____, by and between the STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION, an agency of the State of Florida, hereinafter called the "Department," and the _____ hereinafter called the "Agency."

WITNESSETH:

WHEREAS, the Department and the Agency heretofore on _____, entered into a voluntary _____ year Agreement whereby the Department agreed to fund the Agency to furnish certain services in connection with Efficient Transportation Decision Making Process; and

WHEREAS, the services which the Agency agreed to furnish are 100% complete on _____, for which the Agency is entitled to as detailed below:

Total Amount Funded \$ _____

and;

WHEREAS, there has been previously paid to the Agency under the terms of said Agreement the sum of \$ _____

☐ Leaving a balance of \$ _____ still due to the Agency by the Department.

☐ Leaving an unspent balance of \$ _____ due and payable to the Department by the Agency within 90 days of certification of completion of the contract.

NOW, THEREFORE, THIS INDENTURE WITNESSETH: That the Agency, does hereby agree with the Department to the completion of the Agreement dated _____. The Agency agrees that the amount to be paid is the final payment due for services rendered pursuant to the Agreement.

IN WITNESS WHEREOF, the parties hereto have caused these presents to be executed, the day and year first above written.

Name of Agency

BY:

Authorized Signature

(Print/Type)

Title:

STATE OF FLORIDA

DEPARTMENT OF TRANSPORTATION

BY:

(Print/Type)

Title: