SUNY COMMUNITY COLLEGE CAPITAL PROGRAM
Project Close Out Form

COLLEGE: _____ **SUNY PROJECT NUMBER:** _____
CAMPUS (if applicable): _____ **PROJECT TITLE:** _____

1. FACILITY INFORMATION:		
	Building #(s) per PSI	
	Building Name(s)	
	Pre-Project GSF	
	Post Project GSF	

	Project Scope	**Percentage**
2. PROJECT SCOPE: Provide a percentage for each component included in the above project: *Should equal 100%*	Rehabilitation	%
	New Building/Addition	%
	Property Acquisition	%
	Critical Maintenance	%
	Infrastructure	%
	Site Improvement/Demolition	%
	Total Project Scope (auto calculated):	0.00 **%**

	Final Cost Component	**Amount**
3. FINAL COSTS: Include both Local and State shares of project costs	Design	$
	Construction	$
	Furniture, Fixtures and Equipment	$
	Property Acquisition	$
	Total Final Costs: (auto calculated):	**$** 0.00

	Funding Source	**Amount**
4. FUNDING SOURCES: List All Funding Source(s): *Should match 3. Total Final Budget*	Direct Funding By Sponsor/Sponsor Bonding	$
	Capital Chargebacks	$
	Federal and other Government (non-State) Funding	$
	Foundation and Private Donations and Grants	$
	In-Kind (land, goods, services)	$
	Other (explain):	$
	State Funding	$
	Total Funding Sources (auto calculated):	**$** 0.00

	Schedule Component	**Date (mm/dd/yy)**
5. FINAL SCHEDULE:	Design Start	
	Construction Start	
	Beneficial Occupancy	
	Date of Final Project Payment to Vendor	

6. COLLEGE CERTIFICATION:	I certify the scope of work as approved for the above project has been accomplished, the project has been completed as of the listed beneficial occupancy date and all reimbursements have been made accordingly.
	The College requests any unexpended appropriation be released for potential use for another capital project.
	_____ Signature _____ Name _____ Date

SUNY Use Only: DATE OF SUNY Approval(s): _____

Appropriation Year	**Reference #**	**Type: Adv/HD**	**HD Acct # (if applicable)**	**Amount**
				$
				$
				$
TOTAL Appropriation: Must equal State share/50% of overall Budget				$ 0.00