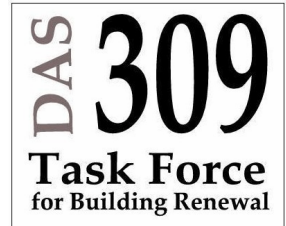


Name of Evaluator: _____

Date of Evaluation: _____

Substantial Completion Date: _____



FINAL REPORT

AGENCY:	LOCATION/SITE:
BUILDING:	BUILDING NUMBER:
Project Name:	
PROJECT / BU#:	ALLOCATION DATE:
ORIGINAL 309 ALLOCATION AMOUNT: \$	TOTAL 309 ALLOCATION CHANGE AMOUNT: \$
AGENCY COOPERATIVE FUNDING: \$	TOTAL PROJECT EXPENDITURES: \$
ARCHITECT: Name:	
Address: City: ST Zip:	
ARCHITECT/ENGINEER QUALITY OF WORKMANSHIP:	
CONTRACTOR: Name:	
Address: City: ST Zip:	
CONTRACTOR QUALITY OF WORKMANSHIP:	
AGENCY SATISFACTION / INFORMATION PERTINENT TO THIS PROJECT:	
CONTRACT COMPLETE: Yes No 	
PURCHASE ORDERS COMPLETE: Yes No 	