|  |  |
| --- | --- |
| **CLPA** |  |
| **Primary Contact** |  |
| **Project Name** |  |
| **MCA Number** |  |
| **Supplemental Agreement Number** |  |
| **Key Number** |  |
| **CLPA Contact Number** |  |
| **Contract Execution Date** |  |
| **Contract Completion Date** |  |
| **Procurement Type** | **Direct Appointment**  **Informal Selection**  **Formal Selection** |

|  |  |
| --- | --- |
| **Contract Closeout Form** | **Date** |
| **Final Invoice received** | **Date** |
| **All Services under the contract have been completed** | **YES**  **NO** |
| **All deliverables have been received and accepted** | **YES**  **NO** |
| **Final invoiced amounts are appropriate** | **YES**  **NO** |
| **Consultant Evaluation form completed and submitted to contractor** | **YES**  **NO** |

|  |  |
| --- | --- |
| **Satisfactory Contract Completion** | **YES**  **NO**  **If no, why?** |
| **Recommend Full Certification** | **YES**  **NO**  **If no, why?** |
| **Additional Comments:** | |

|  |  |
| --- | --- |
| **Reviewed by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **ODOT Local Agency Liaison** | **Date** |