



Contractor's Name:

Contract Name:

CPA Number:

Project Name:

Contract Number:		Total Project Amount:	
Solicitation Number:		Project Number:	
Lee County Project Manager:		Request Date:	
Fiscal Staff:			

Description / Scope of Work (include location):

Attachments:

Length of time to Substantial Completion from Notice to Proceed (in calendar days):

Length of time to Final Completion/Acceptance from Notice to Proceed (in calendar days):

Liquidated Damages amount to be assessed per calendar day after Substantial Completion (if applicable):

\_\_\_\_\_  
Contractor Signature (Print & Sign Name)

\_\_\_\_\_  
Date Accepted

\_\_\_\_\_  
Contact E-mail Address

\_\_\_\_\_  
Contact Phone Number

\_\_\_\_\_  
Lee County Procurement Approval

\_\_\_\_\_  
Lee County Authorized Approval

\_\_\_\_\_  
Date Accepted

\_\_\_\_\_  
Date Accepted

**Lee County Board of County Commissioners - Procurement Management**

2115 Second St, 1<sup>st</sup> Floor, Fort Myers, FL 33901

PO Box 398 - Fort Myers, FL 33902-0398

**Phone:** (239) 533-8881