

STATEMENT OF FINAL ACTUAL PROJECT COST

To be filed by the owner upon completion of construction, as required by the California Code of Regulation (CCR), Title 24, Part 1, Section 4-339, or CCR Sections 5-105 and 5-107 for access compliance projects.

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|--|---------------|
| Owner/School District: | DSA File #: - |
| Project Name/School: | DSA App. #: - |
| Scope of Work: | |
| Was any scope or any element from the original approved construction documents not constructed? <input type="checkbox"/> Yes <input type="checkbox"/> No Did the construction documents include any alternate designs that were not constructed? <input type="checkbox"/> Yes <input type="checkbox"/> No | |

**FOR LINES 1, 2, 3, 4 AND 6 ENTER COST AMOUNTS AS A POSITIVE NUMBER OR ZERO.
 FOR LINE 5 ENTER COST AMOUNT AS A NEGATIVE NUMBER OR ZERO.**

If spaces below are left blank, this form will be considered incomplete.

| | | |
|----|---|-----------|
| 1. | Total original construction contract amount (exclude allowances/contingencies) | \$ |
| 2. | Total increases to contract amount (change orders & used allowances/contingencies) | \$ |
| 3. | Total construction management amount | \$ |
| 4. | Project cost for DSA fee reconciliation (Sum of lines 1, 2, and 3) | \$ |
| 5. | Total decreases to contract amount (deductive change orders) | - \$ |
| 6. | Final actual project cost (Sum of lines 4 and 5) | \$ |

DISTRICT/OWNER CERTIFICATION:
*The person signing this form must be one of the following or hold a district / owner equivalent position:
 School District Superintendent; College Chancellor; Chief Business Officer or Chief Financial Officer.*

I certify, under penalty of perjury, under the laws of the State of California, that the information reported on this form is true and correct.

I certify that the documentation supporting the information reported on this form is available at the district's/owner's office for review upon request by the Division of the State Architect (DSA).

Signature of Owner: _____ Date: _____
 (see note above)

Print Name: _____ Title: _____

Email: _____ Phone #: _____

Mailing Address: _____

City: _____ State: _____ ZIP: _____

| | | | |
|--|---|--|---|
| Submit completed form to the DSA Regional Office with construction oversight authority for the project. | | | |
| <input type="checkbox"/> DSA OAKLAND 1515 Clay Street, Suite 1201 Oakland, CA 94612 | <input type="checkbox"/> DSA SACRAMENTO 1102 Q Street, Suite 5200 Sacramento, CA 95811 | <input type="checkbox"/> DSA LOS ANGELES 700 N. Alameda Street, Suite 5-500 Los Angeles, CA 90012 | <input type="checkbox"/> DSA SAN DIEGO 10920 Via Frontera Rd., Suite 300 San Diego, CA 92127 |