STATE OF WISCONSIN
DEPARTMENT OF ADMINISTRATION
DIVISION OF FACILITIES DEVELOPMENT (DFD)
DOA-4504 (R09/12)
s. 16.87 Wisconsin Statutes

Mailing Address: **Post Office Box 7866, Madison, WI 53707-7866**
Street Address: **101 E. Wilson Street, 7th Floor, Madison, WI 53703**
Phone: **608 / 266-2731**; *FAX*: **608 / 267-2710**
http://www.doa.state.wi.us/dfd

CONSTRUCTION CONTRACT

Date _____

Project No. _____

Contract No._____

THIS AGREEMENT is between the State of Wisconsin by its Department of Administration, represented by its Division of Facilities Development, herein called "DFD", and _____ doing business as _____ , of the City of _____and State of _____ hereinafter called "CONTRACTOR".

WITNESSETH: That for and in consideration of the payments and arrangements hereinafter mentioned, to be directed by DFD, the CONTRACTOR will commence and complete the construction described as follows:

hereinafter called the “Project”, for the sum of _____ Dollars ($_____.00) and all other work in connection therewith, under the terms as stated in the Contract Documents; and at the CONTRACTOR's own proper cost and expense to furnish all materials, supplies, machinery, equipment, tools, superintendence, labor, insurance, and other accessories and services necessary to complete the said Project in accordance with the conditions and prices stated in the Bid Form, Bidding and Contract Requirements, the drawings which include all maps, plats, plans, and other drawings and printed or written explanatory matter thereof, and the technical portion of the specifications therefor; as prepared by _____ herein called the A/E, and as enumerated in the Specification’s Table of Contents, all of which are made a part hereof and collectively evidence and constitute the Contract Documents.

The CONTRACTOR hereby agrees to commence work under this Contract on or after a date to be specified in a written “Notice to Proceed” and to complete this work by _____.

DFD agrees to have the CONTRACTOR paid in current funds for the performance of the contract subject to additions and deductions, as provided in the General Conditions of the Contract, and to authorize payments on account thereof as provided in the Article entitled, "Payments to Contractor" of the General Conditions.

DFD has the delegated power and duty pursuant to Sec. l6.85(l), to act on all matters and for all purposes under this Contract; including additions and modifications therein incorporated.

IN WITNESS WHEREOF, DFD and the CONTRACTOR have executed this contract.

CONTRACTOR

(Seal)

Contractor Firm Name
Address
State, City Zip

By _____
Signature Date

_____
Secretary of Corp.

_____
Printed Name

_____
Witness

_____
Title

_____
Employer Number (FEIN) or Social Security Number

_____
Wis Dept of Commerce-Building Contractor Registration Number

This Contract is not valid or effectual for any purpose until executed by all parties, and no work is authorized until the CONTRACTOR has been given Notice to Proceed by DFD.

APPROVED ***(if Contract is over $150,000)***

_____
Administrator, Division of Facilities Development Date

_____
Governor of Wisconsin Date

Note: If Contractor is a corporation, Secretary should attest. In accordance with current Federal IRS Regulations, all service provider entities are required to submit either their Employer Number or Social Security Number in order to receive payment for services rendered. The State of Wisconsin requests Tax ID numbers for all entities providing either goods or services, to facilitate approved payments to vendors in accordance with certain State Statutes and/or Administrative Rules.