STATE OF WISCONSIN DEPARTMENT OF ADMINISTRATION
DIVISION OF FACILITIES development (DFD)
DOA-4504 (3/2024)
s. 16.87 Wisconsin Statutes

including additions and modifications therein incorporated.



Mailing Address: P. O. 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 https://doa.wi.gov/Pages/AboutDOA/FacilitiesDevelopment.aspx

## **CONSTRUCTION CONTRACT**

D	ate	
Pr	roject No.	
THIS AGREEMENT is between the State of Wisconsin by its Department of Administrat Facilities Development, herein called "DFD", and doing be hereinafter called "CONTRACTOR".	tion, represented by its Di usiness as a	vision of
WITNESSETH: That for and in consideration of the payments and arrangements hereinafte the CONTRACTOR will commence and complete the construction described as follows:	er mentioned, to be directe	ed by DFD,
hereinafter called the "Project", for the sum of	iments; and at the CONTI is, superintendence, labor, with the conditions and praps, plats, plans, and othe ations therefor; as prepare pecification's Table of Co	RACTOR's insurance, rices stated or drawings
The CONTRACTOR hereby agrees to commence work under this Contract on or after a date to Proceed" and to complete this work within #### consecutive calendar days thereafte	-	ten "Notice
DFD agrees to have the CONTRACTOR paid in current funds for the performance of t deductions, as provided in the General Conditions of the Contract, and to authorize payment the Article entitled, "Payments to Contractor" of the General Conditions.	5	
DFD has the delegated power and duty pursuant to Sec. 16.85(1), to act on all matters and	for all purposes under thi	s Contract;

Construction	Contract
Page 2	

IN WITNESS WHEREOF, DFD and the CONTRACTOR have execu	ted 1	thıs	contract.
---	-------	------	-----------

(Seal)	CONTRACTOR: Company Name	
	BySignature	Date
	Printed Name	
Secretary of Corp.	Title	
Witness	Employer Number (FEIN) or Social Security	y Number
This Contract is not valid or effectual for any purpose until e CONTRACTOR has been given Notice to Proceed by DFD.		
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.