# **Certification on Completion Template**

Mr Kevin Morrison
Director
Capital Planning and Resources
PO Box 34
SYDNEY NSW 2001

**Project Reference No.:** 99X-99 YYYY/schoolidnumber/1
**Name/Location:** School Name and Location
**Project Description:** Project Description

Dear Mr Morrison

I, as the Architect/Supervisor of the above project \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (full name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (address) hereby certify that the project described above completed in accordance with the following:

1. Approved Final Sketch Plans No.:
2. Approved project description shown above

The date of practical completion of the project was \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date of completion).

I understand that I may be contacted by the Block Grant Authority external auditors in connection with this certification.

My contact phone number is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Architect’s Name (please sign and print full name)