



## Construction Job Profile

### JOB NAME & LOCATION:

Job Name:		
Street Address:		Suite:
City:	State:	Zip:
Job Start date:	Scheduled Completion Date:	

### GENERAL CONTRACTOR INFORMATION:

General Contractor Name:		AP Contact:	
Street Address:		Suite:	
City:	State:	Zip:	
Email:	Phone#:		

### PROJECT MANAGER:

Project Manager Name:		
Office Phone#:	Cell Phone#:	Email:

### OWNER INFORMATION:

Owner Name:	
Phone#:	Email:

### JOB DESCRIPTION:


218 S US Highway 1 | Suite 101 | Tequesta, FL 33469

email: [construction@FKConstructionFunding.com](mailto:construction@FKConstructionFunding.com)  
web: [FKConstructionFunding.com](http://FKConstructionFunding.com)

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833 352-3863  
Toll Free: 833 FKC-FUND



## Construction Job Profile

### PAYROLL AND BONDING INFORMATION:

Is Project Public or Private ☐ Public ☐ Private

(If) Public Please Select: ☐ Federal ☐ State

Is Certified Payroll Required on this job ☐ Yes ☐ No

Company Name: Contact Name: Phone#:

Is Project Bonded? ☐ Yes ☐ No

Are you Required to be Bonded? ☐ Yes ☐ No

Bonding Company:

Contact Person: Phone#:

Name of Insurance Agency:

Contact Name: Phone#:

Is this a Union Job? ☐ Yes ☐ No

Union Name: Union Rep: Phone#:

Has a Preliminary Notice been filed? ☐ Yes ☐ No

By Whom?

Is there Retainage on this Job? ☐ Yes ☐ No

If Yes, Retainage Amount? %

### ADDITIONAL INFORMATION REQUIRED:

*Please furnish the below listed information together with the completed application form.*

- ☐ 1 **Please complete and sign this application. You may fax or email it.**
- ☐ 2 Fully Executed Construction Agreement with all attachments and exhibits.
- ☐ 3 Copy of insurance Certificate.
- ☐ 4 Copy of Certified Payroll
- ☐ 5 Copy of Preliminary Notice
- ☐ 6 Copy of Bond

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## Construction Job Profile

**LIST ALL SUPPLIERS AND SUBS (use additional pages if necessary):**

Company:		Contact:	
Street Address:		Phone:	
City:	State:	Zip:	
Total Contract/ Estimate: \$	Email:	Account #:	

Company:		Contact:	
Street Address:		Phone:	
City:	State:	Zip:	
Total Contract/ Estimate: \$	Email:	Account #:	

Company:		Contact:	
Street Address:		Phone:	
City:	State:	Zip:	
Total Contract/ Estimate: \$	Email:	Account #:	

Company:		Contact:	
Street Address:		Phone:	
City:	State:	Zip:	
Total Contract/ Estimate: \$	Email:	Account #:	

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### BILLING REQUIREMENTS:

### CONTRACT INFORMATION:

<b>TOTAL CONTRACT AMOUNT:</b>	\$
Supplier/Sub/Vendor #1-	\$
Supplier/Sub/Vendor #2-	\$
Supplier/Sub/Vendor #3-	\$
Supplier/Sub/Vendor #4-	\$
Supplier/Sub/Vendor #5-	\$
Supplier/Sub/Vendor #6-	\$
<b>TOTAL DUE SUPPLIER/SUBS/VENDORS:</b>	\$
<b>ESTIMATED PAYROLL EXPENSE:</b>	\$
<b>TOTAL ESTIMATED JOB COST:</b>	\$
<b>ESTIMATED GROSS PROFIT:</b>	\$

### SIGNATURE:

*The undersigned agrees that the information provided in this Construction Job Profile is deemed complete, accurate and truthful.*

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_

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