



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
web: FKConstructionFunding.com

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833 352-3863
Toll Free: 833 FKC-FUND



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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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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 #: |

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

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BILLING REQUIREMENTS:

CONTRACT INFORMATION:

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

SIGNATURE:

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

Signature: _____ Title: _____ Date: _____

Name: _____