## **Exhibit 16-UF Full and Final Potential Claim Record**

			FOR AGENCY USE ONLY
			Received by:
			(For Resident Engineer)
			Date:
TO (RESIDENT ENGINEER)	CONTRACT NUMBER	DATE	IDENTIFICATION NUMBER
	ms and Dispute Resolution," of S	•	r days submitted as required under the provisions tions. The completion date of the potentially
The complete and factual narrati disagreement and potential clain		the nature and circ	cumstances that caused the dispute or
The basis of this claim including a basis for entitlement of the poten		d a statement of tl	he reasons these provisions support and provide
The exact dollar amount request are attached.	ed and an itemized breakdown of	individual costs se	egregated by labor, materials, equipment and other
The exact amount of any time ad	justment requested including time	e impact analysis i	is attached.
The identification and copies of a attached.	iny documents and substance of a	ny oral communic	cation that support the potential claim are
Relevant information, reference,	and arguments that support the p	potential claim.	
The undersigned originator (contractor or subcontractor as appropriate) certifies that the above statements and attached documents are made in full cognizance of the California False Claims Act, Government Code Sections 12650-12655. The undersigned also understands and agrees that this potential claim to be further considered, unless resolved, must fully conform to the requirements in Section 5-1.43, "Potential Claims and Dispute Resolution," of the <i>Standard Specifications</i> and must be restated as a claim in the contractors written claim statement in conformance with Section 9-1.17D, " Claims Statement" of the <i>Standard Specifications</i> .			
For a subcontractor potential cla This potential claim red	<u>im</u> cord is acknowledged, certified, a	nd forward by:	PRIME CONTRACTOR  (Authorized Representative)