

# Project Cost Reporting & Certification Form

Michigan Department of Transportation (MDOT)

EXHIBIT B

Contract No. [XXXX-XXXX]  
Grantee [Agency name]  
Route [xxxxxxxx xxxxx]  
Location Description [XXXXX-XXXXXA]

*This form must be completed and returned to Local Agency Programs, MDOT **within 30 days of completion of the project and final payment of construction costs.***

On this form, please be sure to include the date that construction of the project was completed and include your agency's federal identification number. Complete this form and forward it to Attn. *Larry Doyle, Local Agency Programs, MDOT, P.O. Box 30050, Lansing, Michigan 48909.*

**A. ACTUAL CONSTRUCTION COMPLETION DATE:** [XX-XX-XX]

**B. FINAL COST OF RRR-ELIGIBLE WORK:**

(1) Eligible Preliminary Engineering Costs	\$ _____
(2) Eligible Right-Of-Way Costs	\$ _____
(3) Eligible Construction Costs	\$ _____
(4) Eligible Construction Engineering Costs	\$ _____
(5) TOTAL ELIGIBLE COSTS (Contract Awarded Amount)	\$ _____
(6) Total Unspent RRR Funds to be returned back to the RRR program (Total Original Grant Amount <u>minus</u> the Total Eligible Costs)	\$ _____

**C. PROJECT DESCRIPTION (Provide a detailed description of services completed):**

\_\_\_\_\_

**D. CERTIFICATIONS:**

(1) I certify that the PROJECT has been constructed in accordance with the PROJECT plans, specifications, and construction contract.

(2) I certify that the final costs reported with this form are accurate and that all items for which payment has been requested are eligible for payment with Roads and Risks Reserve funds (RRR).

(3) I certify that the contracting procedures followed in connection with the administration of the construction contract for the PROJECT were based on an open competitive bid process and that the construction contract for the PROJECT was publicly advertised and awarded on the basis of the lowest responsive and responsible bid in accordance with applicable State and local statutes, regulations, and ordinances.

Signature of Authorized Certifying Official	XXXXXXXX
Typed or Printed Name & Title	XXXXXXXX
Date	XXXXXXXX
Agency Federal I.D. #	XXXXXXXX
Fax Number	XXXXXXXX

Received by Local Agency Programs Engineer Manager (MDOT)  
(COPIES: MDOT Transportation Service Center, Contract Services Division)

Date

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## PURPOSE OF THE PROJECT COST REPORTING AND CERTIFICATION FORM

PURPOSE:

AUTHORITY:

<b>Report</b> final project costs	Required by <b>Section 3</b> of the state/local agreement
<b>Certify</b> that reported costs are eligible for Roads and Risks Reserve Funds (RRR)	Required by <b>Section 5</b> of the state/local agreement
<b>Certify</b> that the project was constructed in accordance with the project plans, specifications, and construction contract	Required by <b>Section 5</b> of the state/local agreement
<b>Allow</b> for payment under the agreement be processed by electronic funds transfer (EFT).	Allowed under <b>Section 11</b> of the state/local agreement Required by <b>Public Act 533</b> of 2004.

## INSTRUCTIONS FOR COMPLETING FORM

1. Complete **Section A** to identify the Actual Construction Completion Date. This date will be the final date that eligible work was performed on the project. If additional time is needed to complete the work proposed an amendment to the agreement will be prepared for award by the parties.
2. Complete **Section B** to calculate the sum of the final cost. This is the adjustment to the initial payment being requested with this form. Final costs should not include extras or items related to an increase in the approved scope of work, unless those activities were approved by the MDOT prior to commencement of the work. *Include only items that are participating with respect to the grant (i.e., items that were included in the original grant application and deemed eligible by the MDOT).*
3. Complete **Section C** by providing a detailed explanation of services completed for the construction of the project.
4. Complete **Section D** by signing and printing your name and dating the form.
5. Once approved by the Local Agency Programs Engineer Manager (MDOT), copies will be provided to the MDOT Transportation Service Center and with the Contract Services Division.

### All inquiries and form submittals should be addressed to:

Larry Doyle, Local Agency Programs, MDOT, P.O. Box 30050, Lansing, Michigan 48909