

Request for Payment Form

Michigan Department of Transportation (MDOT)

EXHIBIT A

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) in order for you to receive payment for the project. On the form, please be sure to include the estimated date that construction of the project will be completed and include your agency's federal identification number. As soon as this information is received, Local Agency Programs (MDOT) will authorize Contract Services Division to make payment to the local agency. Complete this form and forward it to *Attn. Larry Doyle, Local Agency Programs, MDOT, P.O. Box 30050, Lansing, Michigan 48909.*

Estimated Construction Completion Date: XXXXXXXX

(1) Approved Grant Amount (for this request) \$ XXXXXXXX

CERTIFICATION	I certify that the contracting procedures that will be followed in connection with the administration of the construction contract for the PROJECT will be based on an open competitive bid process and that the construction contract for the PROJECT will be 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	XXXXXXXXXX
Typed or Printed Name & Title	XXXXXXXXXX
Date	XXXXXXXXXX
Agency Federal I.D. #:	XXXXXXXXXX
Fax Number	XXXXXXXXXX

Received by Local Agency Programs Engineer Manager (MDOT) _____ Date _____

Received by Contract Services Division Administrator (MDOT) _____ Date _____