

REQUEST FOR PAYMENT FORM – EXHIBIT A
PRIORITY ROADS INVESTMENT PROGRAM (PRIP)
FUND PROJECTS

Administered through MDOT Local Agency Program Unit

CONTRACT NO.

GRANTEE

ROUTE

LOCATION DESCRIPTION

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: Tracie Leix, MDOT Local Agency Programs, P.O. Box 30050, Lansing, Michigan 48909, E-MAIL: LeixT@Michigan.gov.

ESTIMATED CONSTRUCTION COMPLETION DATE

APPROVED GRANT AMOUNT *(for this request)*

CERTIFICATION

- (1) In accordance with Section 704 of Public Act 34 of 2014, I certify that the PROJECT has been obligated and construction is underway or design work was completed by July 1, 2014.
- (2) I certify that the PROJECT shall be in compliance with all applicable laws, ordinances, and codes of the United States, the State of Michigan, and the local government(s) in the area(s) in which the PROJECT is performed and obtained all permits, licenses, and other authorizations that are required for the performance of the PROJECT.
- (3) If the construction of the PROJECT is to be contracted, 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.

If this PROJECT will be contracted please initial here _____

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL

TYPED OR PRINTED NAME & TITLE

DATE

AGENCY FEDERAL I.D. NO.

TELEPHONE NO.

RECEIVED BY MDOT LOCAL AGENCY PROGRAM ENGINEER

DATE
