

**PROJECT COST REPORTING & CERTIFICATION
FORM – EXHIBIT B
PRIORITY ROADS INVESTMENT PROGRAM (PRIP)
FUND PROJECTS
Administered through MDOT Local Agency Program Unit**

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.**

CONTRACT NO.
GRANTEE
ROUTE NAME
PROJECT TERMINI
FROM: _____ TO: _____

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

A. ACTUAL CONSTRUCTION COMPLETION DATE: _____
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B. FINAL COST OF <u>PRIP-ELIGIBLE</u> WORK:	
(1) Total eligible PRIP Project Cost	_____
(2) Total PRIP Grant Amount	_____
(3) Total Unspent PRIP Funds to be returned back to the PRIP program (Total Original Grant Amount <u>minus</u> the Total Eligible Costs)	_____

C. PROJECT DESCRIPTION (<i>Provide a detailed description of services completed</i>):
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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 Priority Roads Investment Program (PRIP) funds.

(3) If construction of the project was contracted, 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.

If this project was constructed by force account, initial here _____

SIGNATURE OF AUTHORIZING CERTIFYING OFFICIAL	TYPED OR PRINTED NAME & TITLE	DATE
AGENCY FEDERAL I.D. #	TELEPHONE NUMBER	ADDRESS
RECEIVED BY MDOT LOCAL AGENCY PROGRAM ENGINEER		DATE

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PURPOSE:

AUTHORITY:

Report final project costs	Required by Section 3 of the state/local agreement
Certify that reported costs are eligible for Priority Roads Investment Program (PRIP) funds	Required by Section 5 of the state/local agreement
Certify that the project was constructed in accordance with the project plans, specifications, and construction contract	Required by Section 5 of the state/local agreement
Allow for payment under the agreement be processed by electronic funds transfer (EFT)	Allowed under Section 11 of the state/local agreement Required by Public Act 533 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 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. Electronic signatures are acceptable.
5. Once approved by the Local Agency Program Engineer (MDOT), copies will be provided to the MDOT Transportation Service Center.

All inquiries and form submittal should be addressed to:

Tracie Leix, MDOT Local Agency Program Unit, MDOT, P.O. Box 30050, Lansing, Michigan 48909,
Phone: (517) 335-2233, E-mail: LeixT@Michigan.gov.