

If you require assistance accessing this information or require it in an alternative format, contact the Michigan Department of Transportation's (MDOT) Americans with Disabilities Act (ADA) coordinator at www.Michigan.gov/MDOT-ADA.

Michigan Department
of Transportation
0385 (03/2026)

**PROJECT DESCRIPTION - EXHIBIT C
LOCAL AGENCY PROGRAMS**

This form must be completed and e-mailed to MDOT Local Agency Programs Analyst, Kristen Kramer at KramerK7@Michigan.gov.

CONTRACT NUMBER	
LEGISLATIVE SPONSOR NAME	
GRANTEE	
ROUTE NAME	
LOCATION DESCRIPTION	
ESTIMATED PROJECT TIMELINE	
PROJECT COMPLETION DATE	
APPROVED GRANT AMOUNT	

ESTIMATED TOTAL PROJECT BUDGET	
Project budget description of how grant funds will be used.	
If funds will be distributed to a third party or subrecipient, such as professional services, ROW acquisition or permit fees, please list all parties involved:	

CERTIFICATIONS	
I certify that the PROJECT complies 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 further, that all permits, licenses, and other authorizations required for the performance of the PROJECT will be obtained.	
FOR CONTRACTED PROJECTS: I certify that the construction contracting procedures followed for the PROJECT will be based on an open competitive bid process; and further, that the construction contract for the PROJECT will be publicly advertised and awarded based on the lowest responsive and responsible bid, in accordance with applicable State and local statutes, regulations, and ordinances.	
If this PROJECT will be contracted, initial here: _____	

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL	PRINTED NAME AND TITLE	
E-MAIL ADDRESS	PHONE NUMBER	DATE
AGENCY ADDRESS		
VENDOR NUMBER IN SIGMA VSS		

FOR MDOT USE ONLY	
RECEIVED AND REVIEWED BY MDOT LOCAL AGENCY ANALYST	DATE