

## LOCAL AGENCY PROGRAMS CONFLICT OF INTEREST SELF-CERTIFICATION FORM

If Federal-Aid Highway Program (FAHP) funds are participating in any phase of a project involving engineering or project management Consultant Services, this form shall be completed by the Responsible Charge identified in the Program Application and submitted to MDOT Local Agency Programs (LAP) with the initial submission of the Program Application form.

**If at any time during the project the individual in Responsible Charge for oversight is changed, written notification shall be provided to MDOT LAP (prior to letting) or the MDOT Transportation Service Center (TSC) Construction Engineer (after letting).**

PROJECT DESCRIPTION			
LOCAL AGENCY NAME		JOB NUMBER(S)	
ROUTE	LIMITS		
DESCRIPTION OF WORK			
INNOVATIVE CONTRACTING PROJECT (I.E. DESIGN/BUILD, FIXED PRICE / VARIABLE SCOPE, JOB ORDER CONTRACTING)      Yes      No If Yes, please describe:			
LOCAL AGENCY CONTACT PERSON		PHONE NUMBER	E-MAIL ADDRESS
CONSULTANT ENGINEER REPRESENTING THE LOCAL AGENCY <i>(if applicable)</i>			
COMPANY NAME		PHONE NUMBER	E-MAIL ADDRESS
LOCAL AGENCY DESIGNATED RESPONSIBLE CHARGE		PHONE NUMBER	E-MAIL ADDRESS
IDENTIFY THE PHASES OF THE PROJECT WHICH CONSULTANTS WILL BE UTILIZED			
<b>Project Management</b> - Role on behalf of the Local Agency (This is rare and typically happens on Innovative Projects such as Design Build. This is not in reference to Consultants serving as Local Agency Engineers.)			
FAHP Funds Participating:      Yes      No      Performed By: _____			
<b>If yes, attach proof of FHWA approval of solicitation (attach e-mail or letter with FHWA approval).</b>			
Consultant selected by <i>(if applicable)</i> :			
Written Solicitation/Small Purchase Procedure	Request for Proposals (RFP)	Qualification Based Selection (QBS)	

**IDENTIFY THE PHASES OF THE PROJECT WHICH CONSULTANTS WILL BE UTILIZED (continued)**

**Scoping** - (Planning, S/TIP Development Work, Environmental Reviews, Early Preliminary Engineering)

FAHP Funds Participating:    Yes    No    Performed By: \_\_\_\_\_

Consultant selected by (if applicable):

Written Solicitation/Small Purchase Procedure	Request for Proposals (RFP)	Qualification Based Selection (QBS)
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**Real Estate Appraisal**

FAHP Funds Participating:    Yes    No    Performed By: \_\_\_\_\_

Consultant selected by (if applicable):

Written Solicitation/Small Purchase Procedure	Request for Proposals (RFP)	Qualification Based Selection (QBS)
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**Real Estate Acquisition**

FAHP Funds Participating:    Yes    No    Performed By: \_\_\_\_\_

Consultant selected by (if applicable):

Written Solicitation/Small Purchase Procedure	Request for Proposals (RFP)	Qualification Based Selection (QBS)
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**Preliminary Engineering (PE)** - (Design Engineering)

FAHP Funds Participating:    Yes    No    Performed By: \_\_\_\_\_

Consultant selected by (if applicable):

Written Solicitation/Small Purchase Procedure	Request for Proposals (RFP)	Qualification Based Selection (QBS)
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**Construction Engineering (CE)** - (Inspection, Testing, Construction Surveying, Construction Oversight)

FAHP Funds Participating:    Yes    No    Performed By: \_\_\_\_\_

Consultant selected by (if applicable):

Written Solicitation/Small Purchase Procedure	Request for Proposals (RFP)	Qualification Based Selection (QBS)
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**MITIGATION PLAN**

Has the consultant(s) disclosed any public or private interests related to any phase of the project?    Yes    No  
If Yes, please describe:

As Responsible Charge, I have confirmed that no circumstances exist on the identified project which would constitute a prohibited scenario as identified in the MDOT "Conflict of Interest Guidance for Consultant Services on Local Agency Federal-Aid Projects"

Yes    No

If a consultant or its affiliates will be performing work in multiple project phases (e.g. design and construction engineering), describe in detail how the Local Agency will ensure the necessary controls are established and oversight is provided to ensure a potential for a conflict of interest does not exist. Attach additional documents if necessary.

**OTHER SELECTION, MONITORING WORK AND COST CONTROL QUESTIONS**

Will the Responsible Charge be performing the Consultant Performance Review?  
*\*This is required for all consultants working on PE or CON phases utilizing FAHP funds.*

Yes.

No. If no, list the person, company, phone number and email of the evaluator.

Name \_\_\_\_\_

Company \_\_\_\_\_

Phone Number \_\_\_\_\_ E-mail Address \_\_\_\_\_

**RESPONSIBLE CHARGE CERTIFICATION**

As Responsible Charge for the above referenced project, I will implement or cause to implement the above plan to the fullest extent necessary to mitigate any conflict of interest or potential thereof in accordance with 23 CFR 1.33 and the above requirements. If any conflict of interest is identified, I will take immediate action to notify MDOT, suspend duties and take all necessary corrective actions to reimburse any Federal or State funds misappropriated as a result.

In addition, as Responsible Charge, I certify the above mentioned Local Agency has established policies, procedures, practices and oversight controls to fulfill the mitigation plan outlined above and adequately administer FAHP funded project(s).

PRINTED NAME	SIGNATURE	DATE