

## FEDERAL AID BUYOUT PROGRAM PROJECT COMPLETION REPORT FORM

<b>STIP FISCAL YEAR</b>

JOB NUMBER(S)
LOCAL ROAD AGENCY

Amount of State funds received by the local road agency in exchange for the federal funds in the project(s):

Was the project(s) listed above completed as it was programmed in the State Transportation Improvement Program (STIP) or with additions to the description in the STIP?            Yes            No

If No, did the local road agency notify MDOT and the Metropolitan Planning Organization or Rural Task Force that they could not complete the exchanged project within three years and identify an alternate project eligible for federal aid that can be constructed within the three-year period from the time that the local agency received the state funds?            Yes            No

If No, please contact MDOT at [MDOT-FederalAidBuyout@Michigan.gov](mailto:MDOT-FederalAidBuyout@Michigan.gov).

If Yes, Date the project was Completed:  
(mm/dd/yyyy)

What amount was spent on the project?

If there was surplus funding, what federal aid eligible activities were the surplus funds spent on and how much was spent on each activity?

AMOUNT	ACTIVITY(S)

Has the local road agency reported the completed project in the transportation asset management council investment reporting tool or any successor system?            Yes            No

If Yes, what date was project completion reported?  
(mm/dd/yyyy)

Did the local road agency adhere to the federal wage and benefits requirements?            Yes            No

Did the local road agency adhere to the force account policy (if applicable)?            Yes            No            N/A

By checking this box, the person signing this form certifies that the above information is correct.

PRINTED NAME	TITLE	PHONE NUMBER	E-MAIL ADDRESS
AUTHORIZED SIGNATURE			DATE (mm/dd/yyyy)