Michigan Department of Transportation 5031 (03/2025)

Office of Economic Development Shared Streets and Spaces Program

REQUEST FOR PAYMENT

GRANT NUMBER	CONTRACT NUMBER	JOB NUMBER	ESTIMATE CONSTRUCT	TION COMPLETION DATE
GRANTEE	1		SIGMA CUSTOMER VE	NDOR NUMBER (CV #)
PROJECT NAME				
(1) Approved Grant Amount				
(2) Remaining Grant Balance *				
(3) Total Project Cost (participating items only)				
(4) Initial Payment				
* A remaining grant balance may be shown in cases where the construction is performed in more than one phase under one contract or under multiple contracts and/or job numbers.				
CERTIFICATION				
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.				
SIGNATURE OF AUTHO	RIZED OFFICIAL			DATE
NAME		TITLE		FEDERAL I.D.NUMBER
		505 11505 1105 0	NW N/	
APPROVED BY GRANT	COODDINATOD	FOR MDOT USE O	NLY	DATE
APPROVED BY GRANT	COORDINATOR			DATE
APPROVED BY PROGR	RAM COORDINATOR			DATE
APPROVED BY PROGR	RAM MANAGER			DATE