

Appendix A

Forms

Appendix A contains copies of the most common letters and forms (i.e., CDOT Forms, FHWA Forms) Local Agency personnel will use in designing, constructing and managing State and Federally funded projects.

The forms contained in this appendix were current at the time this manual was printed. The CDOT forms are maintained on the CDOT website; FHWA forms are on its website. Always use the current version of the CDOT forms. The Local agency should get the current forms from the CDOT project manager or from the CDOT website:

<https://www.codot.gov/library/forms>

The Local Agency may get current FHWA forms from the FHWA website. The link to each FHWA form follows it in the list below.

The Local Agency should contact the CDOT Project Manager for assistance in completing forms. Computer generated forms will be accepted if they contain the exact verbiage and statute references.

The documents in this appendix are as follows:

- ~~CDOT Form 17 – Contractor DBE Payment Certification~~ * *Discontinued except for projects let prior to January 23, 2014*
- CDOT Form 43 - Job Mix Formula
- CDOT Form 90 – Contract Modification Order
- CDOT Form 96 - Contractor Acceptance of Final Estimate *
- CDOT Form 118 - Contractor Wage Compliance Statement
- CDOT Form 128 - Categorical Exclusion Determination *
- CDOT Form 200 - OJT Training Questionnaire
- CDOT Form 205 - Sublet Permit Application *
- CDOT Form 250 - Materials Documentation Record * (CDOT-Generated Form – no general access)
- CDOT Form 262 - Weekly Time Count Report – Work Days
- CDOT Form 263 - Weekly Time County Report – Calendar Days
- CDOT Form 280 - Equal Employment Opportunity and Labor Compliance Verification

* = Copy to CDOT's electronic document management system (ProjectWise Explorer) per PD 21.1

- CDOT Form 280 - Equal Employment Opportunity and Labor Compliance Verification (Spanish)
- CDOT Form 313 - Consultant Performance Evaluation
- CDOT Form 379 - Project Independent Assurance Sampling Schedule
- CDOT Form 418 - Federal-Aid Program Data
- CDOT Form 462 - Right of Way Plan Approval
- CDOT Form 463 - Design Data *
- CDOT Form 464 - Design Exception Variance Request *
- CDOT Form 465 - Non-Discrimination in Employment Notice
- CDOT Form 605 - Contractors Performance Capability Statement *
- CDOT Form 606 - Anti-Collusion Affidavit *
- CDOT Form 621 - Assignment of Antitrust Claims *
- ~~CDOT Form 713 - Contractor DBE Subcontract, Supply and Service Contract Statement*~~
Discontinued
- ~~CDOT Form 714 - Underutilized DBE Bid Conditions Assurance*~~ *Discontinued*
- ~~CDOT Form 715 - Certificate of Proposed Underutilized DBE Participation*~~ *Discontinued*
- ~~CDOT Form 718 - Underutilized DBE Good Faith Effort Documentation*~~ *Discontinued*
- ~~CDOT Form 719 - DBE Participation Summary*~~ *Discontinued*
- CDOT Form 832 - Trainee Status and Evaluation *
- ~~CDOT Form 835 - On the Job Trainee Request~~ *Discontinued*
- CDOT Form 838 - OJT Trainee/Apprentice Record
- CDOT Form 863 - DBE Contract Goal Recommendation *For internal use only*
- CDOT Form 895 - Region Certification - Force Account and Finding in the Public Interest
- CDOT Form 950 - Project Closure * (Internal Form - No general access)
- CDOT Form 951 - Voucher Request (Projects)
- CDOT Form 1048 - Project Scoping/Clearance Record
- CDOT Form 1180 - Standards Certification and Project Plans, Specifications and Estimate Approval *
- CDOT Form 1186 - Contract Funding Increase/Decrease and Approval Letter *
- CDOT Form 1199 - Finals Materials Documentation Review & Audit Checklist
- CDOT Form 1212 - Final Acceptance Report for Federal-Aid Projects * (Internal Form - No general access)
- CDOT Form 1313 - Cover Sheet for Consultant Billing/Invoice
- CDOT Form 1330 - DBE Bid Conditions Assurance for Non-Project Specific (NPS) Consultant Contract
- CDOT Form 1331 - Certificate of Proposed DBE Participation for Project Specific (PS) Consultant Contracts
- CDOT Form 1413 - Bidders List
- CDOT Form 1414 - Anticipated DBE Participation Plan
- CDOT Form 1415 - Commitment Confirmation
- CDOT Form 1416 - Good Faith Effort Report
- CDOT Form 1417 - DBE Participation Plan (Internal Form - No general access)

* = Copy to CDOT's electronic document management system (ProjectWise Explorer) per PD 21.1

- CDOT Form 1418 – Monthly Payment Summary
- CDOT Form 1419 – DBE Participation Report
- CDOT Form 1420 – DBE Participation Plan Modification
- CDOT Form 1425 – Supplier List
- ~~FHWA Form 47 – Statement of Materials and Labor Used By Contractors on Highway Construction Involving Federal Funds~~ *Discontinued*
- FHWA Form 1273 - Required Contract Provisions, Federal-Aid Construction Contracts
- <http://www.fhwa.dot.gov/programadmin/contracts/1273/1273.pdf>
- FHWA Form 1391 - Federal-Aid Highway Contractors Annual EEO Report
- <https://www.codot.gov/library/forms/fhwa-other-forms/form1391.xls/view>
- FHWA Form 1391 Instructions – Federal-Aid Highway Contractors Annual EEO Report
- <https://www.codot.gov/library/forms/fhwa-other-forms/form1391.pdf/view>

* = Copy to CDOT's electronic document management system (ProjectWise Explorer) per PD 21.1

COLORADO DEPARTMENT OF TRANSPORTATION JOB MIX FORMULA	Project no.
	Location
	District
	Field sheet no.
Date	From project no.

This Job Mix Formula defines the specified gradation, asphalt cement content and admixture dosage for the grading and project shown.

Contractor _____

Pit _____

Grading	Item
---------	------

Top layer Bottom layer

Gradation (% passing)	Remarks:
3/4	
1/2	
3/8	
4	
8	
50	
200	
% AC	Source and grade of AC
% Additive	Source of additive

Distribution: Materials Engineer Staff Materials Resident Engineer (2) Contractor	Signed (Project Engineer)	Date
	Signed (District Materials Engineer)	Date
	Signed (Contractors Representative)	Date

Previous editions may be used until supplies are exhausted

CDOT Form # 43
1/92

COLORADO DEPARTMENT OF TRANSPORTATION CONTRACT MODIFICATION ORDER	Project No.:	Project Code (SA#):
	Location:	
	Date:	Project Order No.:
	Estimated cost to project: <input type="checkbox"/> Increase <input type="checkbox"/> Decrease \$	
Contractor:	Total additional days allowed to complete work:	
Complete Address:	Federal Oversight? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Modification Title:		

Should Federal funds not be available to cover these additional costs, or the FHWA decides not to participate in these costs, the Local Agency agrees to provide the required funds.

The (Name of Local Agency) approves this Change Order No. _____ by signing below.

Authorized Signature	Title	Date

I hereby accept this order, for work to be performed and prices on which payment is to be based.			
REQUIRED IN ACCORDANCE WITH INSTRUCTIONS IN THE CDOT CONSTRUCTION MANUAL		REQUIRED FOR ALL CHANGE ORDERS	
Approved by FHWA Operations Engineer:	Date:	Authorized by Project Engineer:	Date:
OPTIONAL		Contractor Representative:	Date:
Approved by Region Transportation Director:	Date:	Approved by Resident Engineer:	Date:
		<input type="checkbox"/> Participating <input type="checkbox"/> Non-participating <input type="checkbox"/> Participation as noted	
		Approved Funding by Region Program Engineer:	Date:

Previous editions may be used until supplies are exhausted

CDOT Form 90 07/02

COLORADO DEPARTMENT OF TRANSPORTATION CONTRACTOR WAGE COMPLIANCE STATEMENT		Project code (SA#) <hr/> Project # <hr/> Project location
Contractor/subcontractor - you must complete the "Appointment of Payroll Supervisor" box when appointing or changing a payroll supervisor. - you may fulfill your obligation to pay fringe benefits to employees by either paying the fringe benefits to approved plans, funds, or programs or paying the employees cash in lieu of fringe benefits. - you or your payroll supervisor must complete this form at the end of every payroll period and submit to the project engineer	APPOINTMENT OF PAYROLL SUPERVISOR I have appointed the person listed below to supervise the payment of employees and certify the payroll transcripts on this project. <hr/> Designated payroll supervisor name <hr/> Contractor/subcontractor signature	
Contractor/subcontractor name	Payroll #	Payroll period _____ to _____
I certify that during this payroll period the contractor has: - paid all employees (laborers and mechanics) their full contracted weekly wages. - not received any rebates directly or indirectly from employee wages. - had employees perform work that conformed with their contract classifications. - employed only apprentices registered with a state apprenticeship agency, or with the Bureau of Apprenticeship and Training, U.S. Department of Labor. - employed only trainees registered with the Colorado Department of Transportation. - submitted a correct and complete payroll to the Colorado Department of Transportation. - made fringe benefit payments: <input type="checkbox"/> in cash. (Note: cash in lieu of fringe benefits for overtime is paid at straight time rate not time and a half) <input checked="" type="checkbox"/> through weekly payroll deductions which shall be deposited quarterly or more frequently. There are no past due deposits. These payments are made to the approved plans, funds or programs checked below. (list dollars per hour) <input type="checkbox"/> life insurance \$ _____ <input type="checkbox"/> health insurance \$ _____ <input type="checkbox"/> dental insurance \$ _____ <input type="checkbox"/> pension \$ _____ <input type="checkbox"/> vacation pay \$ _____ <input type="checkbox"/> other _____ \$ _____		
Name of fringe benefit administrator (list additional names on the back of this form)		
Address		Phone #
EXCEPTIONS		
Craft	Explanation	
Remarks:		
The falsification of the "Contractor Wage Compliance Statement" may subject the contractor to civil or criminal prosecution under 18 U.S.C. 1001 and 31 U.S.C. 231. I declare under penalty of perjury in the second degree, and any other applicable State or Federal laws, that the statements made in this document are true and complete to the best of my knowledge.		
Contractor/payroll supervisor signature		Date

Previous editions are obsolete and may not be used

CDOT Form #118 4/97



Colorado Department of Transportation
NEPA DETERMINATION / PROJECT CERTIFICATION

A. PROJECT INFORMATION				Form:
Environmental Scoping Date:	Project #:	Subaccount #:	Related Subaccount #:	
Project Name:				
Project Description (and Location):				
Region:	CDOT Program/Residency:	Environmental PM:	FHWA Area Engineer:	
FHWA NEXUS <input type="checkbox"/> Yes <input type="checkbox"/> No Other Federal NEXUS: <input type="checkbox"/> Yes <input type="checkbox"/> No Project Lead: <input type="checkbox"/> CDOT <input type="checkbox"/> Local Agency <input type="checkbox"/> Other				
Class of Action: <input type="checkbox"/> EIS/ROD <input type="checkbox"/> EA/FONSI <input type="checkbox"/> CatEx Construction/Contracting Method: <input type="checkbox"/> Design-Bid-Build <input type="checkbox"/> Design Build				
If CatEx, the project fits the following CE number: <input type="checkbox"/> GM/GC <input type="checkbox"/> Other:				
B. THE NEPA PROCESS				
Resource Clearances			Revised Clearances	
<i>Check Box Only if Impacted</i>				
	Clearance Date		Revised Clearance date	Revised Clearance date
Air Quality (hot spot analysis) <input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Noise <input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Hazmat - ISA/MESA <input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
T&E and State Listed Species <input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Wetland Delineation (Survey) <input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Paleontology <input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Archaeology <input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
History <input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Section4(f) - Historic <input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Section4(f) - Non-Historic <input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Section6(f) <input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Other: <input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
All required clearance actions indicated have been completed for the design plans referenced below. If Project is a Categorical Exclusion, no significant environmental impacts will result from this project. Construction is not authorized until approved in Part E below. Implementation of project shall include required mitigation commitments.			All required clearance actions indicated have been completed for the design plans referenced below. If Project is a Categorical Exclusion, no significant environmental impacts will result from this project. Construction is not authorized until approved in Part E below. Implementation of project shall include required mitigation commitments.	
<input type="checkbox"/> Action meets requirements to be a Programmatic CatEx per the FHWA/CDOT Programmatic Agreement for Categorical Exclusions (FHWA signature below not required).			FHWA signature is not required because:	
<input type="checkbox"/> This is an EA/FONSI or EIS/ROD. The Decision Document has already been signed by FHWA (FHWA signature below is not required).			<input type="checkbox"/> This is a Programmatic CatEx	<input type="checkbox"/> This is a Programmatic CatEx
			<input type="checkbox"/> This is a Reevaluation of an EA/FONSI or EIS/ROD (1399 form has already been signed.)	<input type="checkbox"/> This is a Reevaluation of an EA/FONSI or EIS/ROD (1399 form has already been signed.)
Design Plan Set and Date: _____ / _____			_____ / _____	_____ / _____
RPEM Signature and Date: _____ / _____			_____ / _____	_____ / _____
FHWA Division Administrator Signature (if required) I concur with the above category designation and the scope of environmental clearance/permits indicated above.			FHWA Division Administrator Signature (if required) I concur with the above category designation and the scope of environmental clearance/permits indicated above.	
Signature and Date: _____ / _____			_____ / _____	_____ / _____
Comments:				



Colorado Department of Transportation
NEPA DETERMINATION / PROJECT CERTIFICATION

C. PERMITS AND ADDITIONAL REQUIREMENTS				Form: 01
	Resource Clearances	Revised Clearances		
<i>Check Box Only if Impacted</i>	Date Completed	Date Updated	Date updated	
404 Permit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
401 Certification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
402 Certification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Const. Stormwater Permit (CDPS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Const. Dewatering Permit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Noxious Weed Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SB40 Certification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Wetland Finding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Structure Demolition Permit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hazardous Materials – Phase II	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Permanent WQ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SWMP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

D. Comments

E. ENVIRONMENTAL PROJECT CERTIFICATION

All clearance and permit requirements for this project have been addressed and mitigation included. The appropriate documentation is on file in the Region office.

	Clearance	Revised Clearance	Revised Clearance
Design Plan Set and Date:	_____/_____/____	_____/_____/____	_____/_____/____
Certification Type:	<input type="checkbox"/> Advertisement <input type="checkbox"/> Advertisement & Construction <input type="checkbox"/> Other:	<input type="checkbox"/> Advertisement <input type="checkbox"/> Advertisement & Construction <input type="checkbox"/> Other:	<input type="checkbox"/> Advertisement <input type="checkbox"/> Advertisement & Construction <input type="checkbox"/> Other:
RPEM Signature & Date:	_____/_____/____	_____/_____/____	_____/_____/____

Note to Project Manager: Any changes to the plans and specifications after the date of the RPEM signature in Part B that affect environmental impacts or mitigation must be approved by the RPEM.

Distribution:
 RPEM (original): copies to Project Manager, Right of way (if ROW required)

CDOT Form #128b (07/21/2016)

COLORADO DEPARTMENT OF TRANSPORTATION OJT TRAINING QUESTIONNAIRE		Project No.:	Project Code (SA#):
		Project Location:	Date: / /
Contractor's Name:			
Trainee's Name:		Worker Classification:	
Trainee's Address:		Telephone No.:	
Trainee's Social Security No.:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Am. Indian <input type="checkbox"/> Asian Am. <input type="checkbox"/> Other		
Have you ever received any apprenticeship training under any type of program before beginning this program? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where?			
When did you enter the current program? Month: Year:			
In what type of training program are you enrolled? <input type="checkbox"/> Colorado Contractor's Association <input type="checkbox"/> Contractors OJT Program <input type="checkbox"/> Union Apprenticeship Program <input type="checkbox"/> Other:			
How did you learn about the program? <input type="checkbox"/> Contractor <input type="checkbox"/> Community Based Organization <input type="checkbox"/> Union <input type="checkbox"/> Other:			
When you entered your training, did anyone explain the program to you? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain:			
Did you receive a copy of your training program? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Which of the following aspects of the training program were explained to you? <input type="checkbox"/> Training Hours <input type="checkbox"/> Type of Training <input type="checkbox"/> Training Wages <input type="checkbox"/> Job Choices <input type="checkbox"/> Entry Wages			
Did you understand the training program discussed with you? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain:			
What is your current stage of training? <input type="checkbox"/> 25% <input type="checkbox"/> 80% <input type="checkbox"/> 60% <input type="checkbox"/> 90%			
How many hours of training do you receive each week? On-Job-Site Training: hours/week Classroom Training: hours/week			
Are you keeping a record of your training hours? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you believe proper training is being given? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain:			
Does the job superintendent, trainer, or foreman show interest in helping you reach your goal of journeyman? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you have any problems that may interfere with your training? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain:			
Have you ever received any type of counseling from the apprenticeship counselor or another? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain:			
Do you know the name of your trainer? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what is the name of your trainer?			
Interviewer's Signature:		Date: / /	
Trainee's Signature:		Date: / /	

Distribution: CDOT Business Programs Office (original)

Previous editions may be used until supplies exhausted

CDOT Form 200 07/02

CDOT Form 205 – Sublet Permit Application, Construction

<https://www.codot.gov/library/forms/cdot0205.xlsx/view>

CDOT Form 205 Instructions – Sublet Permit Application Instructions, Construction

<https://www.codot.gov/library/forms/cdot0205inst.pdf/view>

COLORADO DEPARTMENT OF TRANSPORTATION WEEKLY TIME COUNT REPORT- CALENDAR DAYS				Project No.:	Project Code (SA#):	No.:
				To:		Date:
				Contractor		
The following statement shows the number of Calendar Days charged to your account for the week ending _____. 20_____.						
Date	Day	Weather Conditions or Other Causes	Calendar Days	Worked (W) Not worked (NW) by Contractor	Days Not Chargeable Other Causes	
	Sunday					
	Monday					
	Tuesday					
	Wednesday					
	Thursday					
	Friday					
	Saturday					
Days charged this week:						
Days previously reported:						
Total days charged to date:						
Calendar days allowed by original contract:						
Extra days approved by Change Orders – Participating:						
Nonparticipating:						
Total revised contract days:						
Total days charged to date:						
Total days remaining:						
ELAPSED TIME:						
Remarks:						
Project Engineer Signature:						Date:
Contractor's Comments:						
Contractor Signature:						Date:

Distribution: Contractor (original)
Records Center
Resident Engineer
Project Engineer

Previous editions may be used until supplies exhausted

CDOT Form 263 04/17

CDOT ProjectWise Explorer

COLORADO DEPARTMENT OF TRANSPORTATION EQUAL EMPLOYMENT OPPORTUNITY AND LABOR COMPLIANCE VERIFICATION	Project No.:
	Project Code (SA#):
Contractor Name:	Project Location:
Employee Name:	Job Classification:

JOB SITE INTERVIEW SECTION

Equal Employment Opportunity

Have you seen the EEO posters posted by the Contractor?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you know the EEO policy of the Contractor?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you know who the project EEO Officer is? If yes, what is the project EEO Officer's name?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have Contractor or Contractor personnel ever asked you to refer minorities and women to fill job openings?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has the Contractor offered you training or apprenticeship programs to upgrade your skills?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
How long have you been employed by this Contractor? years months days		
How did you get this job? <input type="checkbox"/> union <input type="checkbox"/> other:		
Have you attended a meeting on this project where EEO was discussed? If yes, what was the date of the meeting? / /	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you feel the Contractor has discriminated against you in any way?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Comments:		

Labor Compliance

Have you seen the wage posters posted by the Contractor?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
What is your hourly wage rate? \$ /hour		
What is your hourly fringe benefit amount? \$ /hour How are fringe benefits being paid to you? <input type="checkbox"/> cash <input type="checkbox"/> other (e.g., plan, fund, program): Have you experience any problems with fringe benefit payments? If yes, please describe:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
TOTAL HOURLY WAGE: \$ /hour		
How often are you paid? <input type="checkbox"/> weekly <input type="checkbox"/> other:		
Describe your current work assignment:		
Employee Signature:	Date: / /	

VERIFICATION SECTION (Use the Contractor payroll to answer the questions in this Section)

Is the employee's wage correct?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
What is the total hourly amount?		
What is employee's worker classification?		
What is the payroll date? / /		
Comments:		
Interviewer's Signature:	Date: / /	

COLORADO DEPARTMENT OF TRANSPORTATION EQUAL EMPLOYMENT OPPORTUNITY AND LABOR COMPLIANCE VERIFICATION (COLORADO DEPARTAMENTO DE TRANSPORTACION OPORTUNIDAD Y EMPLEO IGUAL VERIFICACION DE CONFORMIDAD DE TRABAJO)	PROJECT # (Numero De Proyecto)
	LOCATION
	Project code (SA#)
Contractor's name (Nombre De Contratista)	
Employee's name (Nombre De Empleado)	Job classification (Clasificacion De Trabajo)

JOB SITE INTERVIEW SECTION (SECCION DE INVESTIGACION DE TRABAJO)

EQUAL EMPLOYMENT OPPORTUNITY (EEO) La Igualdad De Oportunidades de Empleo

- Have you seen the EEO posters posted by this contractor? (¿Ha visto los cartelones de EEO puestos por el contratista?)
 yes (si) no
- Do you know the EEO policy of your contractor? (¿Usted conoce la politica de EEO del contratista?)
 yes (si) no
- Do you know who the project EEO officer is? (¿Usted sabe, quien es el oficial de EEO del proyecto?) yes (si) no
 Who is he/she? (¿Si sabe, digame el nombre del oficial del EEO?) _____
- Have you ever been requested by the contractor or any of his/her staff to refer minorities and women when job openings are available? (¿Le han preguntado el contratista o empleados del contratista que envíe a gente de las poblaciones minoritarias o a mujeres, para que apliquen para oportunidades del empleo?) yes (si) no
- Has the contractor advised you of training or apprenticeship programs available to upgrade your skills? (¿Le ha ofrecido el contratista entranamiento o programas de aprendizaje para mejorar sus habilidades?) yes (si) no
- How long have you been employed by this contractor? (¿Cuanto tiempo ha estado empleado por este contratista?)
 _____ years (años) _____ months (meses) _____ days (dias)
- How did you get this job? (¿Como conseguio este trabajo?) union other (otro modo): _____
- Have you attended any meetings on this project where EEO was discussed? (¿Ha atendido una reunion en este proyecto cuando EEO fue discutido?) yes (¿Si si, cuando fue la reunion?), date (fecha) ____/____/____ no
- Do you feel the contractor has discriminated against you in any way? (¿Siente que el contratista ha discriminado contra usted en algun modo?) yes (si) no

LABOR COMPLIANCE (CUMPLIMIENTO DE TRABAJO)

- Have you seen the wage posters posted by the contractor? (¿Ha visto los cartelones de sueldo puesto por el contratista?)
 yes (si) no
- 2a. What is your wage rate? (¿Cuál es su sueldo por hora?) \$ _____ hr. (por hora)
 b. What is your fringe benefit amount? (¿Cuanto le dan por hora como pago por sus beneficios complementarios?)
 \$ _____ hr. (por hora)
 total wage (¿SUELDO completo POR HORA?) \$ _____ hr. (por hora)
- Are fringe benefits paid to you in cash or does the contractor save them in approved plans, funds or programs? (¿Como le pagan los beneficios?)
 cash (dinero) funds (otro modo, planes, fondos, programas) Have you experienced any problems? (¿Ha tenido problemas con el pago de su beneficios? Si ha tenido problemas, describa por favor como:)

- How often are you paid? (¿Cada cuando le pagan?) weekly (por semana) other (otro modo) _____
- Describe work you are performing today. (Describa su asignacion corriente en su trabajo) _____

VERIFICATION SECTION (SECCION DE VERIFICACION) (use the contractors payroll to answer the questions in this section)

- Are the employee's wages correct? yes no
- What is the total hourly amount? \$ _____ hr.
- What is the employee's worker classification? _____
- What is the payroll date? ____/____/____

COMMENTS

Interviewer signature	Date
-----------------------	------

COLORADO DEPARTMENT OF TRANSPORTATION CONSULTANT PERFORMANCE EVALUATION		Project no.:	Subacct#:	
		Project name:		
To: (Appropriate Division Head)		Rating dates:		
Subject: Consultant Performance Evaluation Report		Item I	Item II	
Name of Consultant:		Item III	Item IV	
Type of work:		Rating key (see instructions):		
		Excellent (E)	Good (G)	
		Very Good (VG)	Poor (P)	
			Acceptable (A)	
			Not Applicable (NA)	
	CONTRACT PHASE	PRECONSTRUCTION PHASE		CONSTRUCTION PHASE
FACTOR	ITEM I	ITEM II	ITEM III	ITEM IV
A. Knowledge of department needs				
B. Cooperation with department, public, other agencies				
C. Adequacy of personnel, supervision and management				
D. Prosecution and submission of work				
E. Clarity of work				
F. Support calculations, data, reports				
G. Completion of work within contract budget				
H. Accurate billing records				
I. Overall quality, accuracy and competence				
J. Prudent plans/creative design				
Rater: Project Manager/Engineer (signature required)				
Reviewer: Preconstruction/ Construction Engineer (signature required)				
Region Engineer/Branch Manager				
Remarks:				

INSTRUCTIONS FOR CONSULTANT PERFORMANCE EVALUATION REPORT

A. Purpose of evaluation:

The completed evaluation report of a consultant's performance will be used as input for selection of the consultant for future assignments.

B. Rating procedure:

The raters and the time periods in which evaluations are performed shall be as follows:

Item I - Contract Phase

The rater will be the contract administrator (Consultant Management Unit) and/or the Project Manager. The rating will be performed after the consultant's work has been accepted or at appropriate contract stages. The rating will be reviewed by the Preconstruction Engineer, Region Transportation Director, Branch Head or other official directly responsible.

Item II - Preconstruction Phase (Preliminary Engineering)

The rater will be the Project Manager or other official directly responsible for incorporating the consultants work into Department plans, reports, etc. The rating will be performed promptly after the consultant's work has been used (ie., after the FIR). The rating will be reviewed by the Preconstruction Engineer, Region Transportation Director, Branch Head or other official directly responsible.

Item III - Preconstruction Phase (Final Design)

The rating will be completed and reviewed by the same individuals as indicated for Item II and as promptly as practical after the FOR.

Item IV - Construction Phase

The rater will be the Project Engineer or other official directly responsible for completing the construction project on which the consultant's work was used. The rating will be performed promptly after construction of the project has been completed. The rating will be reviewed by the Construction Engineer, Region Transportation Director or other official directly responsible.

C. Basis of ratings:

Ratings of the consultant's performance will be accomplished by marking poor, acceptable, good, very good, excellent or not applicable for each of the indicated factors on the evaluation report. **All poor and excellent evaluations for any factor shall have an explanation in the "Remarks" section provided on the form.**

The keys to the various rating levels are as follows:

Excellent (E)	Consultant <u>consistently exceeded</u> expectations
Very Good (VG)	Consultant <u>frequently exceeded</u> expectations
Good (G)	Consultant <u>consistently met</u> expectations
Acceptable (A)	Consultant <u>occasionally failed</u> to meet expectations
Poor (P)	Consultant <u>consistently failed</u> to meet expectations
Not Applicable (NA)	As indicated on form or as determined by rater

RATING FACTORS

Ratings for each factor should be based on how often, how quickly and to what degree the following criteria were met by the consultant during the performance of the work.

Factor A - Knowledge of Department needs

- * Consultant was knowledgeable and fulfilled his contractual obligation with the Department.
- * Consultant maintained the scope of services sought by the Department.
- * Consultant was familiar with the Department's policies and procedures.
- * Consultant maintained the flexibility necessary for meeting the changing Departmental needs.
- * Consultant served the Department, but was not subservient to it. This means that occasionally the Consultant must give the Department unpleasant news such as: costs of a design concept exceed the budget.

Factor B - Cooperation with Department, Public, Other Agencies

- * Consultant displayed a willingness to work as a team member in the development of a project. Liaison with the Department's Project Manager was undertaken at the earliest possible time (prior to the signing of contract documents if possible) ensuring common understanding of the scope of the project as well as conformity with the Department's standards, practices, accurate requirements, format, computer data compatibility, survey practices and such other items as the Project Manager considered to be critical to the project.
- * Consultant mediated disagreements between disciplines and/or agencies always in the best interest of the project.
- * Consultant was accessible to Department staff and responsive to their questions, needs and concerns.
- * Consultant maintained working relationship with the Department and other agencies.
- * Consultant participated in community workshops/public meetings and responded to citizens/groups seeking information or assistance.

RATING FACTORS (continued)

Factor C - Adequacy of Personnel, Supervision and Management

- * Consultant did not over extend their human resources to where their personnel were inadequate to maintain schedules.
- * The work was accomplished at the lowest possible level without sacrificing quality of the design.
- * The work was checked prior to submission to the Department.
- * Consultant knew when to take charge and utilized the authority granted them.

Factor D - Prosecution and Submission of Work

- * Consultant obtained approvals and decisions from the Department in a timely manner, thereby permitting the project to flow smoothly and quickly.
- * The Project Manager was informed of any change in scope, lack of information, or decisions by the department or other agencies that adversely affected the schedule or did not permit the work to progress in a logical manner.
- * Consultant developed project schedules and communicated with the Project Manager with regard to the progress of work.
- * Consultant participated and contributed to the decision making process.
- * Consultant submitted plans, specifications and supporting documentation to the Department in a timely manner; maintaining schedules and meeting deadlines for project milestones (ie., Financial Package, Scope of Work, Man Hour Estimates, FIR, FOR, etc.).
- * Work was checked for accuracy and content prior to submission to the Department.

Factor E - Clarity of Work

- * Consultant provided the Department with plans and specifications that met Department standards for content and format. These plans and specifications were therefore readily understood by all those persons who were required to work with them.
- * Reports, calculations, correspondence and other written materials exhibited completeness, clarity and conciseness and addressed Department concerns and questions.

Factor F - Support Calculations, Data, Reports, etc.

- * Consultant explained, defended and justified technical decisions and actions.
- * Consultant provided hard copy documentation concerning design decisions, calculations, and other supporting data so that a project history was maintained.

Factor G - Completion of Work Within Contract Budget

- * Consultant prepared plans and specifications for the project that considered the project budget (preliminary engineering and construction). If the project approached a budget overrun, the consultant brought this fact to the attention of the Project Manager in a prompt and timely manner and offered alternative solutions to the budget problems.
- * Consultant performed the scope of services within the anticipated man-hours, scheduled completion date and actual estimated fee.
- * Supplemental contracts to the original contract were minimized through careful planning and forethought when establishing the original scope of services and contract agreement with the Department.

Factor H - Accurate Billing Records

- * Consultant provided the Department with mathematically correct and itemized breakdowns of billing charges in accordance with commonly accepted accounting practices both upon completion of the project and when requested.
- * Salaries, indirect costs, fixed fees and other rates submitted agreed with the contract cost proposal.
- * Supporting documentation for charges were provided and questions were answered in a timely manner.

Factor I - Overall Quality, Accuracy and Competence

- * Consultant provided work that was technically accurate and complete, and displayed professional competence with regard to content.
- * Construction oversights were not the result of omissions or confusing details provided by the consultant in the plans or specifications.
- * Consultant's work was checked prior to submission to the Department to ensure quality and accuracy of the work in meeting the scope of services under the contract.

Factor J - Prudent Plans/Creative Design

- * Although new and innovative solutions are permitted, the consultant ensured that only appropriate design alternatives meeting the Department's objectives were selected.
- * Innovative and/or state-of-the-art methods, procedures, designs or theories in solving problems were used.
- * Although a design was unique, innovative and creative; the project remained constructible.

Factor K - DBE Participation

- * Consultant participated in the Department's DBE goals within the terms of the contract.

COLORADO DEPARTMENT OF TRANSPORTATION PROJECT INDEPENDENT ASSURANCE SAMPLING SCHEDULE	Project No.	Project Code (SA#)
	Project Engineer	Resident Engineer
	Project location	Page of

Item #	Identification	# of samples		CDOT Form #	Field Sheet #	Date	Field tester (QA)	Independent Assurance Tester (IA)
		Recom.	Actual					

Project Field Lab inspection date:

Remarks:

The above schedule is an estimate of CDOT Independent Assurance samples required on this project. The number of samples recommended is also the number of each type of test for the specific Item in the *Frequency Schedule for Independent Assurance Evaluation* unless otherwise noted.

Developed by:	Date:	Approved by: (Region Materials Engineer)	Date:
---------------	-------	--	-------

Distribution: <input type="checkbox"/> Region Materials Engineer <input type="checkbox"/> Resident Engineer <input type="checkbox"/> Project Engineer <input type="checkbox"/> Project Tester <input type="checkbox"/> Region Program Engineer <input type="checkbox"/> Documentation Unit, Materials & Geotechnical Branch	The assurance-sampling schedule for this project has been substantially followed and the test results of the assurance samples are in reasonably close agreement with the project acceptance sample test results. (Exceptions to this statement have been previously commented on when the test results were reported or are explained on this form or on an attached sheet.)
	Final review by: (Region Materials Engineer)

**COLORADO DEPARTMENT OF TRANSPORTATION
FEDERAL AID PROGRAM DATA / FEDERAL - AID PROJECT AGREEMENT**

Project:					Oversight	Annual Project	Region
Location					STIP Ref	STIP Number	Colorado Region 08
Proposed Work					TO BE COMPLETED BY FHWA		 US Department of Transportation Federal Highway Administration
County Code and Name	Cong. Dist	Imp Code	Sfty Code	Route and Ref Points	No. Lanes	Length	
	Hwy Type	F/A Code	Std. Place		Advertised By: <input type="radio"/> State <input type="radio"/> Local <input checked="" type="radio"/> None		Reason Miscellaneous

Phase	Status	Date	Federal Funds		State Funds		Other Funds		Phase Totals
			ProvCode	Pro-Rate Amount	ProvCode	Amount	ProvCode	Amount	
Project Totals:									

ROW	Status	Date	ProvCode	Amount	ProvCode	Amount	ProvCode	Amount	
3109									
3111									
3114									
3116									

Remarks:

The State, agrees that as a condition of payment of the Federal Funds obligated, it accepts and will comply with the provisions set forth in 23 CFR 630.307; and its signature constitutes the making of the certifications.

Department of Transportation, State of Colorado _____ Thomas Norton, Executive Director (Official name of Highway Agency)	U.S. DEPARTMENT OF TRANSPORTATION FEDERAL HIGHWAY ADMINISTRATION
By _____ _____ (Title)	By _____ (Division Administrator)
	Date executed by Division Administrator _____

STATE OF COLORADO

DEPARTMENT OF TRANSPORTATION
Right-of-Way Services Branch
4201 E. Arkansas Ave., 4th Floor
Denver, Colorado 80222-3400
(303) 757-9331 Fax (303) 757-9868



RIGHT OF WAY PLAN APPROVAL

Division Administrator
Federal Highway Administration
555 Zang Street, #250
Lakewood, Co 80028

Project No: **0000000**
Location: **000000000000**
Project Code: **00000**
Region: **0**

Dear Sir:

The quarterly obligation plan containing this project, and/or a CDOT 218/418 was approved on 00/00/00 authorizing function 3114 and obligating sufficient right of way funds. It is requested that the Right of Way Plans on the above project be approved in order that the following additional functions may be eligible for federal participation.

	Function Code
(XX) RIGHT OF WAY - Acquisition	3111
(XX) RIGHT OF WAY - Relocation Payments	3109

Comments or explanation of above:

Ownerships: **00000**

ROWPR 00/00/00,

Right of Way Services Manager

By _____

Authorized subject to conditions below:

_____ Date _____

for Division Administrator

Conditions:

Acquisition or Relocation cannot begin until the Acquisition Stage Relocation Plan has been approved.

cc: Program Engineer
Region ROW Supervisor
Financial Management and Budget Office
Center for Accounting - Projects and Grants
ROW Services - Original plus (2)

CDOT FORM NO. 462a
Rev. December 2000

COLORADO DEPARTMENT OF TRANSPORTATION DESIGN DATA		Project Code # (SA#): STIP#:										
Orig. Date: _____ Rev. Date: _____ Revision #: _____ Region #: _____		Project #: _____ PE Project Code: _____										
Status: <input type="checkbox"/> Preliminary <input type="checkbox"/> Final <input type="checkbox"/> Revised Submitted By, P.M.: _____ Date: _____ Approved by Program Engineer: _____		County: _____ Project Description: _____ Municipality: _____ System Code: _____ Oversight By: _____ Planned Length: _____ Type of Terrain: _____ Geographic Location: _____										
Remarks: _____												
1 Safety/Operations/ITS Considerations <input type="checkbox"/> Variance in Minimum Design Standards Required <input type="checkbox"/> Justification Attached <input type="checkbox"/> Request to be Submitted <input type="checkbox"/> Bridge <input type="checkbox"/> See Remarks TSM&O Evaluation Completion Date: _____ Guardrail meets current standards: _____ Comments: _____	2 Right of Way ROW &/or Perm. Easement Required: _____ Relocation Required: _____ Temporary Easement Required: _____ Changes in Access: _____ Changes to Connecting Roads: _____	3 Utilities (list names of known utility companies): <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Yes/No</th> <th>Est. #</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>	Yes/No	Est. #								
Yes/No	Est. #											
4 Railroad Crossings Railroad(s): _____ Crossing Number(s): _____ Recommendations: _____	Project Under: _____ <input type="checkbox"/> Safety project, not all standards addressed	Project # Cleared Under: _____										
5 Environmental Type: _____ Approved On: _____	Project Code # Cleared Under: _____	Project # Cleared Under: _____										
Comments: _____ Use Columns A, B, C, D, E and F to identify facility described below												
	A =	B =	C =	D =	E =	F =						
6 Traffic												
Current Year	ADT											
	DHV											
	DHV % Trucks											
Future Year	ADT											
	DHV											
	DHV % Trucks											
Facility Location		<input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial	<input type="checkbox"/> Residential <input type="checkbox"/> Other <input type="checkbox"/> Residential <input type="checkbox"/> Other <input type="checkbox"/> Residential <input type="checkbox"/> Other	<input type="checkbox"/> Residential <input type="checkbox"/> Other <input type="checkbox"/> Residential <input type="checkbox"/> Other <input type="checkbox"/> Residential <input type="checkbox"/> Other	<input type="checkbox"/> Residential <input type="checkbox"/> Other <input type="checkbox"/> Residential <input type="checkbox"/> Other <input type="checkbox"/> Residential <input type="checkbox"/> Other	<input type="checkbox"/> Residential <input type="checkbox"/> Other <input type="checkbox"/> Residential <input type="checkbox"/> Other <input type="checkbox"/> Residential <input type="checkbox"/> Other						

Page 2 of 2 Project Code (SAP)		Project #		Revised Date:	
Use Columns A, B, C, D, E and F to identify facility described below		A =		B =	
7. Roadway Classification		C =		D =	
Route		E =		F =	
Reference Point (Begin)					
Reference Point (End)					
Functional Classification					
Facility Type					
Rural Code					
8. Structures:					
9. Design Criteria					
<p>Controlling Design Criteria: When Design Speed is 50 mph or less, part of the National Highway System (when Design Speed is 50 mph, the only two controlling criteria are Design Speed and Design Loading Structural Capacity). Elements requiring a variance are identified with an "X" & stated in CDOT Form #464.</p>					
1. Design Speed (mph)	Proposed	Standard	Proposed	Standard	Proposed
2. Lane Width (ft)					
3. Shoulder Width					
4. Inside Shoulder Width (ft)					
5. Outside Shoulder Width (ft)					
6. Horizontal Curve Radius (ft)					
7. Superelevation Rate (ft)					
8. Maximum Superelevation Rate (ft)					
9. Stopping Sight Distance (SSD) (ft)					
10. Horizontal SSD					
11. Intersection Sight Distance					
12. SSD Level Road					
13. SSD Downgrade					
14. SSD Upgrade					
15. Grade (max) (%)					
16. Cross Slope (max) (%)					
17. Vertical Clearance (ft)					
18. Roadway Structure					
19. Sign & Pedestrian Structures					
20. Railroad Structures					
21. Overhead Utility					
22. Design Loading Structural Capacity					
Additional Horizontal Alignment and Vertical Alignment Design Criteria (Elements requiring a Design Decision Letter are identified with an "X")					
23. Posted Speed (mph)					
24. X without Horizontal Curve (max) (ft)					
25. Clear Zone on Tangent (min) (ft)					
26. Clear Zone on Curve (min) (ft)					
27. Deceleration Length (min) (ft)					
28. Acceleration Length (min) (ft)					
29. Roadway Taper Ratio					
30. Lane Drop / Taper Ratio					
31. Transition Taper Ratio (Actual/Desired)					
32. Vertical Curve Length (min) (ft)					
33. Grade Break without Vertical Curve (max) (%)					
34. Clear Vertical Curve (ft) (min)					
35. Sag Vertical Curve (ft) (min)					
36. Sag Vertical Curve (ft) (max)					
37. X Sag Vertical Curve (ft) (min)					
38. X Sag Vertical Curve (ft) (max)					
Additional Typical Section Design Criteria (Elements requiring a Design Decision Letter are identified with an "X")					
39. Design Vehicle					
40. X Lane width dimension (auxiliary)					
41. Lane Width (ft)					
42. Shoulder Type					
43. Side Slope (max) (Z _{max}) (%)					
44. Shoulder Width (ft)					
45. Base Layer Width (ft)					

CDOT Form #463 (5/2019)

COLORADO DEPARTMENT OF TRANSPORTATION DESIGN EXCEPTION VARIANCE REQUEST		FHWA Oversight <input type="checkbox"/> Yes <input type="checkbox"/> No	Project Code
Project name		Date	Project Number
Type (check all that are applicable) <input type="checkbox"/> New construction <input type="checkbox"/> Restoration <input type="checkbox"/> Resurfacing <input type="checkbox"/> Rehabilitation <input type="checkbox"/> _____ <input type="checkbox"/> Reconstruction <input type="checkbox"/> Safety <input type="checkbox"/> Enhancement <input type="checkbox"/> _____		Revised	Region
Part 1 – Complete A through H for all projects.			
A. Short project description (<input type="checkbox"/> see CDOT Form 463 for more detailed description)		<input type="checkbox"/> AASHTO standards apply <input type="checkbox"/> 3R standards apply <input type="checkbox"/> Other: _____	
B. Description of standard(s) reduced			
C. Rational need for exception(s)			
D. Mitigation measures proposed (include safety discussion)			
E. Description of adjoining sections: (<input type="checkbox"/> see CDOT Form 463) Other:		<input type="checkbox"/> same as existing project <input type="checkbox"/> same as proposed project	
F. Supporting Data Driven Safety Analysis (DDSA) Analysis Completed: <input type="checkbox"/> Yes <input type="checkbox"/> No DDSA Summary or explanation if no DDSA performed:		G. Cost Estimated item cost if built to full standard \$ _____ Estimated item cost with exception \$ _____ + difference in cost: \$ _____	
H. Other (as needed)			
Part 2 – Appropriate signatures required.			
A. Submitted by (Project Manager)		Date	Program Engineer Approval
Resident Engineer Approval		Date	
Required for Federal aid oversight and Interstate projects			
Approved by (FHWA Division Administrator)			Date
B. <input type="checkbox"/> Not approved <input type="checkbox"/> Approved with conditions		Conditions/comments	

Previous editions are obsolete and may not be used.

Distribution: Project Manager
 Program Engineer
 Resident Engineer
 HQ Records Center
 FHWA, if applicable

CDOT ProjectWise Explorer

CDOT Form #0464 12/18

COLORADO DEPARTMENT OF TRANSPORTATION
NON-DISCRIMINATION IN EMPLOYMENT NOTICE
 (Labor Unions or other Worker's Organizations)

To: (Union or Worker's Organization name)

From: (Contractor/subcontractor name)

Federal Aid Project number:

We have a contract with the Colorado Department of Transportation for the Federal Aid Project listed above. To comply with contract provisions and Executive Order 11246, dated September 29, 1965, we must post this notice in conspicuous places for employees or applicants for employment to read. We cannot discriminate against any employee or applicant for employment because of **race, religion, color, sex, creed, national origin, age, or disability**. This obligation not to discriminate in employment includes, but is not limited to, the following:

- Hiring, placement, upgrading, transfer, or demotion
- Employment recruitment, advertising, or solicitation
- Employee training
- Pay rates or other forms of compensation
- Training selection, including apprenticeship
- Layoff or termination

Contractor/subcontractor signature

Date

Note: Contractor/subcontractor must post this notice in conspicuous places accessible to employees or applicants for employment.

COLORADO DEPARTMENT OF TRANSPORTATION CONTRACTORS PERFORMANCE CAPABILITY STATEMENT	Project #
--	-----------

1. List names of partnerships or joint ventures none

2. List decreases in the contractors fiscal or workmanship qualifications compared to the last prequalification statement submitted to CDOT. (Attach additional sheets if necessary.)

a. Key personnel changes none

b. Key equipment changes none

c. Fiscal capability changes (legal actions, etc.) none

d. Other changes that may effect the contractors ability to perform work. none

I DECLARE UNDER PENALTY OF PERJURY IN THE SECOND DEGREE, AND ANY OTHER APPLICABLE STATE OR FEDERAL LAWS, THAT THE STATEMENTS MADE ON THIS DOCUMENT ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE

Contractor's firm or company name	By	Date
	Title	
2nd Contractor's firm or company name (if joint venture)	By	Date
	Title	

<p>COLORADO DEPARTMENT OF TRANSPORTATION ANTI-COLLUSION AFFIDAVIT</p>	<p>PROJECT NO. _____</p> <hr/> <p>LOCATION _____</p>
--	--

I hereby attest that I am the person responsible within my firm for the final decision as to the price(s) and amount of this bid or, if not, that I have written authorization, enclosed herewith, from that person to make the statements set out below on his or her behalf and on behalf of my firm.

I further attest that:

1. The price(s) and amount of this bid have been arrived at independently, without consultation, communication or agreement for the purpose or with the effect of restricting competition with any other firm or person who is a bidder or potential prime bidder.
- 2A. Neither the price(s) nor the amount of this bid have been disclosed to any other firm or person who is a bidder or potential prime bidder on this project, and will not be so disclosed prior to bid opening.
- 2B. Neither the prices nor the amount of the bid of any other firm or person who is a bidder or potential prime bidder on this project have been disclosed to me or my firm.
- 3A. No attempt has been made to solicit, cause or induce any firm or person who is a bidder or potential prime bidder to refrain from bidding on this project, or to submit a bid higher than the bid of this firm, or any intentionally high or non-competitive bid or other form of complementary bid.
- 3B. No agreement has been promised or solicited for any other firm or person who is a bidder or potential prime bidder on this project to submit an intentionally high, noncompetitive or other form of complementary bid on this project.
4. The bid of my firm is made in good faith and not pursuant to any consultation, communication, agreement or discussion with, or inducement or solicitation by or from any firm or person to submit any intentionally high, noncompetitive or other form of complementary bid.
5. My firm has not offered or entered into a subcontract or agreement regarding the purchase or sale of materials or services from any firm or person, or offered, promised or paid cash or anything of value to any firm or person, whether in connection with this or any other project, in consideration for an agreement or promise by any firm or person to refrain from bidding or to submit any intentionally high, noncompetitive or other form of complementary bid or agreeing or promising to do so on this project.
6. My firm has not accepted or been promised any subcontract or agreement regarding the sale of materials or services to any firm or person, and has not been promised or paid cash or anything of value by any firm or person, whether in connection with this or any other project, in consideration for my firm's submitting any intentionally high, noncompetitive or other form of complementary bid, or agreeing or promising to do so, on this project.
7. I have made a diligent inquiry of all members, officers, employees, and agents of my firm with responsibilities relating to the preparation, approval or submission of my firm's bid on this project and have been advised by each of them that he or she has not participated in any communication, consultation, discussion, agreement, collusion, or other conduct inconsistent with any of the statements and representations made in this affidavit.
8. I understand and my firm understands that any misstatement in this affidavit is and shall be treated as a fraudulent concealment from the Colorado Department of Transportation, of the true facts relating to submission of bids for this contract.

I DECLARE UNDER PENALTY OF PERJURY IN THE SECOND DEGREE, AND ANY OTHER APPLICABLE STATE OR FEDERAL LAWS, THAT THE STATEMENTS MADE ON THIS DOCUMENT ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

Contractor's firm or company name	By _____	Date _____
	Title _____	
2nd contractor's firm or company name. (If joint venture.)	By _____	Date _____
	Title _____	

Sworn to before me this _____ day of, _____ 20____

Notary Public	
My commission expires	
NOTE: This document must be signed in ink.	

COLORADO DEPARTMENT OF TRANSPORTATION ASSIGNMENT OF ANTITRUST CLAIMS	PROJECT NO.
---	-------------

Contractor and Colorado Department of Transportation (CDOT) recognize that in actual economic practice antitrust violations ultimately impact on CDOT. Therefore, for good cause and as consideration for executing this contract and for receiving payments hereunder:

1. Contractor hereby irrevocably assigns to CDOT any and all claims it may now have or which may hereafter accrue to it under federal or state antitrust laws in connection with the particular project, goods or services purchased or acquired by CDOT pursuant to this contract.

2. Contractor hereby expressly agrees:
 - a. That, upon becoming aware that a third party has commenced a civil action asserting on Contractor's behalf an antitrust claim which has been assigned to CDOT hereunder, Contractor shall immediately advise in writing:
 - (1) Such third party that the antitrust claim has been assigned to CDOT, and
 - (2) CDOT that such civil action is pending and of the date on which, in accordance with subparagraph a. (1) above, Contractor notified such third party that the antitrust claim had been assigned to CDOT;
 - b. To take no action which will in any way diminish the value of the claims or rights assigned or dedicated to CDOT hereunder; and
 - c. Promptly to pay over to CDOT its proper share of any payment under an antitrust claim brought on Contractor's behalf by any third party and which claim has been assigned to CDOT hereunder.

3. Further, Contractor agrees that in the event it hires one or more subcontractors to perform any of its duties under the contract, Contractor shall require that each such subcontractor:
 - a. Irrevocably assign to CDOT (as a third party beneficiary) any and all claims that such subcontractor may have or which may thereafter accrue to the subcontractor under federal or state antitrust laws in connection with any goods or services provided by the subcontractor in carrying out the subcontractor's obligations to Contractor;
 - b. Upon becoming aware that a third party has commenced a civil action on the subcontractor's behalf asserting an antitrust claim which has been assigned to CDOT hereunder, shall immediately advise in writing:
 - (1) Such third party that the antitrust claim has been assigned to CDOT, and
 - (2) Contractor and CDOT that such civil action is pending and of the date on which, in accordance with subparagraph b. (1) above, the subcontractor notified such third party that the antitrust claim had been assigned to CDOT;
 - c. Take no action which will in any way diminish the value of the claims or rights assigned or dedicated to CDOT hereunder; and
 - d. Promptly pay over to CDOT its proper share of any payment under an antitrust claim brought on the subcontractor's behalf by any third party and which claim has been assigned or dedicated to CDOT pursuant hereto.

I, acting in my capacity as officer of a bidder (bidders if a joint venture) do agree to the above assignment of antitrust claims.

Contractor's firm or company name	By	Date
	Title	
2nd contractor's firm or company name. (if joint venture.)	By	Date
	Title	

COLORADO DEPARTMENT OF TRANSPORTATION OJT TRAINEE/APPRENTICE RECORD			
Contractor Instructions: 1) Complete this form for each trainee or apprentice on the project that will be used to meet OJT requirements 2) Submit one form for each trainee/ apprentice for each project 3) Retain a copy for your records 4) Submit original to CDOT Project Engineer 5) Incomplete submittals will be rejected 6) Attach training program certificate 7) Attach training enrollment certificate			
Type of Program (check all that apply): <input type="checkbox"/> Union <input type="checkbox"/> Standard OJT Program <input type="checkbox"/> Other _____ <input type="checkbox"/> U.S. DOL - BAT			
Contractor's Name:	Project No.:	Location:	Project Code (SA#)
Name of Trainee's Supervisor:		Title:	
Trainee's Name:		Date this form submitted:	
Trainee's Job Classification and CODE from the wage decision:		Wage Decision number, include modifications:	
<input type="checkbox"/> Male <input type="checkbox"/> Female	Last 4 of SSN <input type="text"/>	Veteran: <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, which branch: _____	
Education – Check the last year of school completed: Highest Grade Completed _____ <input type="checkbox"/> GED <input type="checkbox"/> High School Diploma <input type="checkbox"/> College Technical Training or Certifications: _____ Special Licenses: _____		Training Hours Credited: Accumulated: On-the-Job Training _____(hours) Classroom Training _____(hours)	
Ethnic or Racial Background: <input type="checkbox"/> African American <input type="checkbox"/> American Indian or Alaskan <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Other			
Trainee's Previous Construction Work Experience:			
Name of Company	Location City / State	Job Classification	Dates of Employment: From: To:
Were any previous jobs at the journeyman level? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, explain: _____			
Date Trainee First employed by Your Company:		How long do you anticipate employing this trainee/apprentice?	
Date Enrolled in Training Program:			
Trainee's wage (% of journeyman work) at this time? <input type="checkbox"/> 60% <input type="checkbox"/> 75% <input type="checkbox"/> 90% <input type="checkbox"/> 100%		Trainee willing to travel? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Trainee's current wage rate \$ _____/hr			
Signature of Authorized Contractor Representative:		Title:	Date:
Region Civil Rights Manager Signature:		Region: <input type="checkbox"/> Approved <input type="checkbox"/> Not-Approved	Date:
Comments or reason not approved: _____			

Previous editions are obsolete and may not be used.

CDOT Form # 838 12/11

Project Engineer (2) Project Engineer will provide one copy to the contractor
 Region Civil Rights Manager (3 copies – one for BPO; one for the sponsor if applicable)
 Records Center (Original)

CDOT ProjectWise Explorer

COLORADO DEPARTMENT OF TRANSPORTATION UDBE CONTRACT GOAL RECOMMENDATION	Project No.:	Project Code (SA#):
	Local Entity Project: <input type="checkbox"/> YES <input type="checkbox"/> NO	Advertisement Date: / /
<input type="checkbox"/> Construction Contract <input type="checkbox"/> Consultant Contract	Location (Region):	
For Consultant Contracts Only:		
Non-Project Specific (NPS): <input type="checkbox"/> YES <input type="checkbox"/> NO		Contract Identification (Type):

Instructions: Complete CDOT Form #863 (using the Engineer's Estimates). Submit a copy of the Engineer's Estimates to the Business Programs Office with this form.

Project Manager:

Annual DBE Goal: %

Available UDBE Firm Names:

- | | | |
|----------|----------|-----------|
| 1. _____ | 5. _____ | 9. _____ |
| 2. _____ | 6. _____ | 10. _____ |
| 3. _____ | 7. _____ | 11. _____ |
| 4. _____ | 8. _____ | 12. _____ |

Identify items of work (work codes) for which two or more UDBE firms can reasonably be expected to compete:

DBE ITEM NUMBER (Work code)	DESCRIPTION	APPLICABLE FIRMS (List by above no.)	ESTIMATED VALUE
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$

Comments:	Total dollar value of anticipated UDBE work:	\$
	Estimated total contract (dollars):	\$
	Recommended percentage for UDBE goal:	_____ %
	Region EEO Signature:	Date: / /

Distribution: Project Manager
 Region EEO
 Business Programs Office
 Central Files

Previous editions are obsolete and may not be used
 CDOT ProjectWise Explorer

CDOT Form 863 05/03

COLORADO DEPARTMENT OF TRANSPORTATION PROJECT CLOSURE - FORM 950	
Project Code	: 19732
Project Number	: BRO M185-005
Region	: 01
Reason for Project Closure	: Completed
Business Manager	
<input checked="" type="checkbox"/>	All Payables Paid
<input checked="" type="checkbox"/>	No Retainage Outstanding
<input checked="" type="checkbox"/>	If Escrow Required Business Office has set aside Funds
<input checked="" type="checkbox"/>	No Unspent Balances
<input checked="" type="checkbox"/>	Encumbrances Liquidated
<input checked="" type="checkbox"/>	Obligations Resolved
<input checked="" type="checkbox"/>	All Necessary FI and FM Actions Taken
Projects and Grants	
<input checked="" type="checkbox"/>	Projects and Grants Accepts the Form 950 as Complete from the Region
Projects Deleted from Field Report	: 09/10/2019
FAR Date	: 09/10/2019
Date Submitted to FHWA	: 09/10/2019
Record Retention Expiration Date	: 03/10/2023
PJ Final	: 09/10/2019

COLORADO DEPARTMENT OF TRANSPORTATION VOUCHER REQUEST (PROJECTS)																New <input type="checkbox"/>					
VENDOR NUMBER																					
REQUEST NUMBER																					
LN	400/ FUND	PO/CONTRACT NUMBER	LN #	ORGAN (COST CENTER)	S U B	S A P P R O P C O D E	PROG	FUNCTION	OBJECT	S U B	N /	REV S O U R C E	SUB REV	B/S	G B L	REPT CATG (ORG UNIT)	PROJECT	S U B	P H A S	AMOUNT VOUCHERED	
	400/ HAA		01				000														
	400/ HAA		02				000														
	400/ HAA		03				000														
	400/ HAA		04				000														
	400/ HAA		05				000														
	400/ HAA		06				000														
	400/ HAA		07				000														
	400/ HAA		08				000														
	400/ HAA		09				000														
	400/ HAA		10				000														
	400/ HAA		11				000														
	400/ HAA		12				000														
	400/ HAA		13				000														
	400/ HAA		14				000														
	400/ HAA		15				000														
	400/ HAA		16				000														

THE UNDERSIGNED HEREBY CERTIFIES THAT THE EXPENDITURES FOR PURCHASES OR SERVICES DESCRIBED ON THE VOUCHER AND IN THE ATTACHED SUPPORTING PAPERS WERE DULY AUTHORIZED; THAT THE EXPENDITURES ARE FOR OFFICIAL STATE BUSINESS AND NOT FOR PRIVATE OR PERSONAL PURPOSES; THAT THE EXPENDITURES ARE REASONABLE AND PROPER AND CORRECTLY REPRESENTED BY THE CLAIMS SET FORTH ON THIS VOUCHER; ARE IN ACCORDANCE WITH THE LAW OR ADMINISTRATIVE RULES; AND ARE AUTHORIZED BY APPROPRIATION OR OTHER SPECIFIC AUTHORITY

PREPARED BY	DATE
APPROVED BY	DATE

CDOT Form #951
11/91

Item not need for expenditure entries

COLORADO DEPARTMENT OF TRANSPORTATION PROJECT SCOPING/CLEARANCE RECORD				
Construction project #	Project code	P.E. project #	P.E. Project code	STIP #
Project location			County	City
Begin point	End point	Region Program Engineer		Region
Who requested this project? For what reason?				
What is the proposed improvement/scope of work? (note changes as project develops)				

Phase descriptions: (see Procedural Directive 512.1 for further information/instructions)

Phase I-
Implementation to State Transportation Improvement Plan (STIP) -- As a project is included in the STIP, these activities should be reviewed for scoping the project, identifying concerns and determining future budget requirements.

Phase II-
Design Scoping Review (DSR) -- Takes place in the year before Preliminary Engineering (PE) is budgeted; or immediately when PE is budgeted, to re-evaluate original scope. May be combined with pre-survey conference.

Phase III-
Field Inspection Review (FIR) -- Before or during the FIR, all project development and design needs identified in the scoping process must be resolved. The scope should not be changed after the FIR.

Comments:

1. The form 1048 is to be used in conjunction with the Project Development Manual
2. The Resident Engineer typically delegates project management responsibilities to other positions based on the type of project and available expertise.
3. Documentation or Activity sign-off date indicates clearance. All certification boxes require concurrence before project may be advertised. Use N/A if not applicable.
4. Blanks may be filled in a variety of ways: N/A = Not Applicable
Check when item complete
If activity is applicable, show date completed & initial.
Check "clear" box as each activity is cleared.
5. ??? = not yet determinable

Activity

Section 1 - Scoping, budgeting and programing	Phase I	Phase II	Phase III	C L E A R	Certification/clearance	
	Implementation to STIP	Design Scoping Review (DSR)	Field Inspection Review (FIR)		Responsible party or reviewer (initial)	Documentation or activity sign-off date
1.01 Existing typical section						
1.02 Proposed typical section						
1.03 Consistent with TIP/STIP <input type="checkbox"/> Public involvement						
1.04 Maintenance input						
1.05 Estimated total Project cost (PE, ROW, Util., Const., etc.)	\$	\$	\$			
1.06 Funding sources/resource allocation (State, Federal, local, etc.)						
1.07 Project finances (ProMIS budget actions and phase obligation)				<input type="checkbox"/>	Resident Engr.	
1.08 Field survey required? <input type="checkbox"/> yes <input type="checkbox"/> no Date requested:		Completed date:		<input type="checkbox"/>	Region Survey Coordinator	
1.09 Design Data (CDOT Form #463)		Preliminary: Date:	Final: Date:	<input type="checkbox"/>	Resident Engr.	
1.10 Request for Design Exception (CDOT Form #464)(Attach to CDOT Form #463)		<input type="checkbox"/> NA <input type="checkbox"/> Applicable	<input type="checkbox"/> NA <input type="checkbox"/> sent	<input type="checkbox"/>	Resident Engr.	
1.11 Project Schedule prepared		<input type="checkbox"/> yes <input type="checkbox"/> no Date:	<input type="checkbox"/> up to date Date:	<input type="checkbox"/>	Resident Engr.	

Section 2 - Environmental	Phase I			Phase II			Phase III	C L E A R	Certification/clearance	
	Implementation to STIP			Design Scoping Review (DSR)			Field Inspection Review (FIR)		Responsible party or reviewer (initial)	Documentation or activity sign-off date
	Yes	No	Check	Yes	No	Check	Status:			
2.01 Route location approval a. Major/Intermediate certification b. Minor Compliance (CDOT Form #128)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	Region Planning/Environmental Manager (shaded area below)	
2.02 Public involvement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		
2.03 Alternative modes of transportation Travel demand management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		
2.04 Section 4(f); Section 6(f);	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		
2.05 Historic clearances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		
2.06 Historic bridges	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		
2.07 Archaeology (Effects determination)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		
2.08 Paleontology (Effects determination)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		
2.09 Floodplains	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		
2.10 Farmland protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		
2.11 Wetlands	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		
2.12 Division of Wildlife (SB 40)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		
2.13 Threatened and Endangered Species	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		
2.14 Hazardous waste/hazardous materials <input type="checkbox"/> Contaminated soils	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		
2.15 Noise analysis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		
2.16 Air quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		
2.17 401 Certification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		
2.18 402 Permit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		
2.19 404 Permit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		
2.20 NPDES Permit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		
2.21 Erosion control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	Landscape Architect (shaded area below)	
2.22 Landscaping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		
2.23 Seeding				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		
2.24 Irrigation systems				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		
2.25 Wildflowers				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		
2.26 Noxious weeds				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		
aa. Wetlands mitigation				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		

Section 3 - Traffic	Phase I			Phase II			Phase III			C L E A R	Certification/clearance	
	Implementation to STIP			Design Scoping Review (DSR)			Field Inspection Review (FIR) Status:				Responsible party or reviewer (initial)	Documentation or activity sign-off date
3.01 Traffic data (CDOT Form #463 & Title Sheet)				Available? <input type="checkbox"/> yes <input type="checkbox"/> no						<input type="checkbox"/>	Resident Engineer	
3.02 Request/analyze crash data Hazard index:	<input type="checkbox"/> yes <input type="checkbox"/> no			Status:						<input type="checkbox"/>	Region Traffic	
3.03 Request turning movements from DTD <input type="checkbox"/> Shown on plans				<input type="checkbox"/> yes <input type="checkbox"/> no						<input type="checkbox"/>	Resident Engineer	
3.04 Signal warrants <input type="checkbox"/> On file										<input type="checkbox"/>	Region Traffic	
3.05 Traffic movement diagram: Intersection layout req'd <input type="checkbox"/> yes <input type="checkbox"/> no Interchange layout req'd <input type="checkbox"/> yes <input type="checkbox"/> no				<input type="checkbox"/> requested <input type="checkbox"/> requested						<input type="checkbox"/>	Resident Engineer	
3.06 Intersection/interchange design <input type="checkbox"/> yes <input type="checkbox"/> no	Required?			<input type="checkbox"/> required? <input type="checkbox"/> requested						<input type="checkbox"/>	Resident Engineer	
3.07 Traffic signal plan				<input type="checkbox"/> yes <input type="checkbox"/> no						<input type="checkbox"/>	Project Traffic Engineer	
3.08 Lighting Plan				<input type="checkbox"/> yes <input type="checkbox"/> no						<input type="checkbox"/>	Resident Engineer	
3.09 Permanent signing and pavement marking				Required? <input type="checkbox"/> yes <input type="checkbox"/> no						<input type="checkbox"/>	Project Traffic Engineer	
3.10 Construction traffic control plans (Signing, signals and pavement marking)				<input type="checkbox"/> yes <input type="checkbox"/> no						<input type="checkbox"/>	Project Traffic Engineer	

Section 4 - Structures	Phase I			Phase II			Phase III			C L E A R	Certification/clearance	
	Implementation to STIP			Design Scoping Review (DSR)			Field Inspection Review (FIR) Status:				Responsible party or reviewer (initial)	Documentation or activity sign-off date
	Yes	No	Check	Yes	No	Check						
4.01 Major Structure - bridge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	Project Structural Engineer	
4.02 Major Structure - culvert	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	Project Structural Engineer	
4.03 Major Structure - unusual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	Project Structural Engineer	
4.04 Pedestrian overpass/underpass	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	Project Structural Engineer	
4.05 Architectural/aesthetic treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>		
4.06 Foundation investigation and recommendation				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	Project Structural Engineer	
4.07 Structure selection report				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	Project Structural Engineer	
4.08 Retaining walls				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	Project Structural Engineer	
4.09 Noise walls				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	Project Structural Engineer	
4.10 Analysis of structure to be resurfaced				<input type="checkbox"/> req'd <input type="checkbox"/> requested						<input type="checkbox"/>	Project Structural Engineer	
4.11 Determine existing structural adequacy				OK	NA	Check				<input type="checkbox"/>	Project Structural Engineer	
4.12 Crashworthy bridge rail				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	Project Structural Engineer	
4.13 Vertical clearance of structure				OK	NA	Check				<input type="checkbox"/>	Resident Engineer	

Section 7 - Agreements, Justifications and Approvals	Phase I			Phase II			Phase III			C L E A R	Certification/clearance	
	Implementation to STIP			Design Scoping Review (DSR)			Field Inspection Review (FIR)				Responsible party or reviewer (initial)	Documentation or activity sign-off date
7.01 Safety rest areas	Yes <input type="checkbox"/>	No <input type="checkbox"/>	??? <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Check <input type="checkbox"/>	Status:			<input type="checkbox"/>	Resident Engineer	
7.02 Detour design	Yes <input type="checkbox"/>	No <input type="checkbox"/>	??? <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Check <input type="checkbox"/>	Status:			<input type="checkbox"/>	Resident Engineer	
7.03 Frontage road design	Yes <input type="checkbox"/>	No <input type="checkbox"/>	??? <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Check <input type="checkbox"/>	Status:			<input type="checkbox"/>	Resident Engineer	
7.04 Railroad design R.R. company _____ R.R. flagging & insurance requirements <input type="checkbox"/> R.R. facilities <input type="checkbox"/> R.R. standards reviewed	Yes <input type="checkbox"/>	No <input type="checkbox"/>	??? <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Check <input type="checkbox"/>	Status:			<input type="checkbox"/>	Resident Engineer	
7.05 Airport/heliport clearances	Req'd? <input type="checkbox"/>	Yes <input type="checkbox"/>	??? <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Check <input type="checkbox"/>	Status:			<input type="checkbox"/>	Resident Engineer	
7.06 Americans With Disabilities Act standards	Yes <input type="checkbox"/>	No <input type="checkbox"/>	??? <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Check <input type="checkbox"/>	Status:			<input type="checkbox"/>	Resident Engineer	
7.07 Bicycle & pedestrian facilities Standards reviewed	Yes <input type="checkbox"/>	No <input type="checkbox"/>	??? <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Check <input type="checkbox"/>	Status:			<input type="checkbox"/>	Resident Engineer	
7.08 Transit accommodations	Yes <input type="checkbox"/>	No <input type="checkbox"/>	??? <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Check <input type="checkbox"/>	Status:			<input type="checkbox"/>	Resident Engineer	
7.09 Safety review (including clear zone decisions)				Applicable <input type="checkbox"/> Yes <input type="checkbox"/> No			Status:			<input type="checkbox"/>	Resident Engineer	
7.10 Resurfacing project safety letter							Date:			<input type="checkbox"/>	Resident Engineer	
7.11 Guardrail/barrier design & review				Need? <input type="checkbox"/>	Yes <input type="checkbox"/>	??? <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Check <input type="checkbox"/>	<input type="checkbox"/>	Resident Engineer	
7.12 Hydraulic design <input type="checkbox"/> Erosion control <input type="checkbox"/> Stormwater quality mangement				Yes <input type="checkbox"/>	No <input type="checkbox"/>	Check <input type="checkbox"/>	Status:			<input type="checkbox"/>	Hydraulics Engr	
7.13 Culverts other than items 617 or 624							<input type="checkbox"/> Justified Status:			<input type="checkbox"/>	Resident Engineer	
7.14 Climbing and passing lanes				Yes <input type="checkbox"/>	No <input type="checkbox"/>	??? <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Check <input type="checkbox"/>	<input type="checkbox"/>	Resident Engineer	
7.15 Stockpass and machine pass				Yes <input type="checkbox"/>	No <input type="checkbox"/>	??? <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Check <input type="checkbox"/>	<input type="checkbox"/>	Resident Engineer	
7.16 Alternate bids				Yes <input type="checkbox"/>	No <input type="checkbox"/>	??? <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Check <input type="checkbox"/>	<input type="checkbox"/>	Program Engr.	
7.17 Consolidated projects							Applicable? <input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/>	Resident Engineer	
7.18 Special provisions <input type="checkbox"/> Reviewed by:							Yes <input type="checkbox"/>	No <input type="checkbox"/>	Check <input type="checkbox"/>	<input type="checkbox"/>	Resident Engineer	
7.19 Consultant selection and contracting process	Yes <input type="checkbox"/>	No <input type="checkbox"/>	??? <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Check <input type="checkbox"/>	Status:			<input type="checkbox"/>	Agreements	
7.20 Entity agreement (local agency, intergovernmental, interagency, public, private) 1. _____ 2. _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>	??? <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Check <input type="checkbox"/>	Status:			<input type="checkbox"/>	Agreements	
7.21 Irrigation company agreement 1. _____ 2. _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>	??? <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Check <input type="checkbox"/>	Status:			<input type="checkbox"/>	Region Utility Engineer	
										<input type="checkbox"/>		
										<input type="checkbox"/>		

Section 8 - General	Phase I			Phase II			Phase III			C L E A R	Certification/clearance	
	Implementation to STIP			Design Scoping Review (DSR)			Field Inspection Review (FIR)				Responsible party or reviewer (initial)	Documentation or activity sign-off date
8.01 Method of Construction	Yes <input type="checkbox"/>	No <input type="checkbox"/>	??? <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Check <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date: _____	<input type="checkbox"/>	Region Program Engr.	
8.02 Force account construction method <input type="checkbox"/> CDOT Form #895	Yes <input type="checkbox"/>	No <input type="checkbox"/>	??? <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Check <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date: _____	<input type="checkbox"/>	Region Program Engr.	
8.03 Reserved												
8.04 Work by State forces	Yes <input type="checkbox"/>	No <input type="checkbox"/>	??? <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Check <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date: _____	<input type="checkbox"/>	Region Program Engr.	
8.05 Value engineering				Yes <input type="checkbox"/>	No <input type="checkbox"/>	Check <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	<input type="checkbox"/>	Resident Engr.	
8.06 Stage construction (future capacity considerations)				Yes <input type="checkbox"/>	No <input type="checkbox"/>	Check <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Check <input type="checkbox"/>	<input type="checkbox"/>	Resident Engr.	
8.07 Experimental items				Yes <input type="checkbox"/>	No <input type="checkbox"/>	Check <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date: _____	<input type="checkbox"/>	Region Program Engr.	
8.08 Mandatory source of materials				Yes <input type="checkbox"/>	No <input type="checkbox"/>	Check <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date: _____	<input type="checkbox"/>	Resident Engr.	
8.09 Design Scoping Review				Date(s):						<input type="checkbox"/>	Resident Engr.	
8.10 Field Inspection Review <input type="checkbox"/> Combined FIR/FOR							Date(s):			<input type="checkbox"/>	Resident Engr.	
8.11 Design Office Review							Date(s):			<input type="checkbox"/>	Resident Engr.	
8.12 ** Final Office Review							Date(s):			<input type="checkbox"/>	Resident Engr.	
8.13 Design decision letter(s) written? Applicable? <input type="checkbox"/> yes <input type="checkbox"/> no				Date(s):			Date(s):			<input type="checkbox"/>	Resident Engr.	
8.14 Disposal of excess materials off project site							Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date: _____	<input type="checkbox"/>	Resident Engr.	
8.15 Use of materials furnished by a public agency							Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date: _____	<input type="checkbox"/>	Region Program Engr.	
8.16 Proprietary items							Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date: _____	<input type="checkbox"/>	Region Program Engr.	
8.17 ** On-the-job trainee approval <input type="checkbox"/> Force account <input type="checkbox"/> Special reviewed							Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date: _____	<input type="checkbox"/>	Region Civil Rights Manager	
8.18 ** Disadvantaged business enterprise goals							Yes <input type="checkbox"/>	No <input type="checkbox"/>	Status: _____	<input type="checkbox"/>	Region Civil Rights Manager	
8.19 ** Project control data (CDOT Form #859)							Status:			<input type="checkbox"/>	Region Program Engr.	
8.20 ** PS&E approval							Date: Date:			<input type="checkbox"/>	Resident Engr.	
8.21 ** Federal-aid Program Data (CDOT Form #418)										<input type="checkbox"/>	OFMB	
8.22 ** Bid package reviewed, by: <input type="checkbox"/> Region <input type="checkbox"/> FHWA							Date:			<input type="checkbox"/>	Resident Engr.	
8.23 ** Advertisement										<input type="checkbox"/>	Resident Engr.	
8.24 ** PS&E revisions under ad Approved <input type="checkbox"/> Yes <input type="checkbox"/> No							Date:			<input type="checkbox"/>	Resident Engr.	
8.25 ** Re-advertisement										<input type="checkbox"/>	Region Program Engr.	
8.26 ** Estimate reviewed by Engineering Estimates										<input type="checkbox"/>	Engineering Estimates	

** Report status in Phase III column, activity usually falls after FIR.

COLORADO DEPARTMENT OF TRANSPORTATION STANDARDS CERTIFICATION AND PROJECT PLANS, SPECIFICATIONS & ESTIMATE APPROVAL	Project Number	Project Code
	Route Number	STIP Number
	Location	

STANDARDS CERTIFICATION

CDOT Oversight – 23 USC 106 (b) (1), 3R on the Interstate

CDOT Oversight – NHS, Non-Interstate; 23 USC 106 (b) (2) – Non-NHS funding

I certify that this project will meet or exceed the standards approved by the Secretary of Transportation under Section 109 (c) Title 23 of the United States Code, as listed in 23 CFR 625.4, with the exception of any approved variances.

Project Manager	Date
-----------------	------

BUSINESS OFFICE REVIEW

I have reviewed the appropriate project budget and by signing verify that on this date there were sufficient funds for obligation.

Business Manager	Date
------------------	------

PLANS, SPECIFICATIONS & ESTIMATES APPROVAL

In accordance with 23 CFR 630.205, I approve the PS&E on the above project. Please obligate construction funds.

I have reviewed the final set of Plans, Specifications and Estimate for the above project and have determined them sufficient in detail to facilitate the construction and contract control of the project. If this project is constructed by the force account construction method, appropriate affirmative Findings-in-the-Public-Interest are on file. The conditions for authorization to advertise as set forth in 23 CFR 635.309 will be completed prior to advertising.

I find the estimate reflects the anticipated cost of the project in sufficient detail to provide a prediction of financial obligations incurred by CDOT and FHWA.

The construction * cost estimate for this project is less than the project budget.

The construction * cost estimate exceeds current budget, the additional source of funding to cover the estimate is:

<input type="checkbox"/> Pool	Type of funds	_____	\$ _____
<input type="checkbox"/> Project	Project code	_____	\$ _____
<input type="checkbox"/> Other	Source	_____	\$ _____

*Total construction cost estimate for this project is: \$ _____

* Construction phase only (NOT TOTAL)

Program Engineer	Region	Date
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Previous editions are obsolete and may not be used CDOT Form #1180 4/06

Instructions: Use this form for all projects that do not require FHWA approval or oversight of PS&E. (See Stewardship Agreement.)

Distribution: Original to Region Business Office then to Office of Financial Management and Budget (Federal Funds Manager)
Copies to Project file and FHWA (NHS projects)

{PRIVATE } COLORADO DEPARTMENT OF TRANSPORTATION {PRIVATE } CONTRACT FUNDING INCREASE/DECREASE AND APPROVAL LETTER Region: Complete section 1 and submit to CDOT Controller's office.				AUTHORITY: State Controller Policy letter on June 12, 1996 CDOT Controller letter on May 23, 1996.				
{PRIVATE } This form to be used for the following contracts/situations only (check the appropriate situation): <input type="checkbox"/> indefinite quantity, order more/add more <input type="checkbox"/> utility/railroad, underestimated total cost <input type="checkbox"/> CDOT construction, sum of CMO's <input type="checkbox"/> LA construction, underestimated cost <input type="checkbox"/> CDOT construction, underestimated total cost <input type="checkbox"/> CDOT consultant, underestimated cost								
SECTION 1 (Region use)								
{PRIVATE } Date:						Project code		
To: CDOT Controller (FAX #(303) 757-9573 or e-mail CONTROLLER)						Project #		
{PRIVATE } From:		Office:			Phone #		FAX #	
Region #								
{PRIVATE } CDOT has executed a contract with: Address:								
{PRIVATE } FEIN #			Contract routing #			COFRS encumbrance # (indicate PO, SC or PG #)		
{PRIVATE } Fund	Orgn.	Appro.	Prgm.	Func.	Object/Sub-obj N/P	GBL	Reporting Catg.	Proj/Sub/Phase
{PRIVATE } Original contract amount				Has a Budget Request been processed to cover the contract amount increase?				
\$				<input type="checkbox"/> yes <input type="checkbox"/> no				
Previous Funding Letter(s) total				Preparer's name				
\$								
(Funding letter #1 thru #)				PHONE NO:				
This Funding Letter total				Contract Administrator's/Business Manager's Approval				
\$								
(#)				PHONE NO:				
Adjusted contract amount				CDOT Designee Approval				
\$								
				Local Agency approval				
{PRIVATE } SECTION 2 (Controller's Office use)								
{PRIVATE } Total allotment amount				Commission budget				
\$				\$				
{PRIVATE } If construction:		CE charges		Indirect chgs		Adjusted contract amount plus total CE & indirect charges calculation \$		
CE pool elig.		\$		\$				
{PRIVATE } I have reviewed the financial status of the project, organization, grant and have determined that sufficient funds are available to cover this increase, effective as of								
{PRIVATE } State Controller or Delegee						Date		

COLORADO DEPARTMENT OF TRANSPORTATION FINALS MATERIALS DOCUMENTATION REVIEW & AUDIT CHECKLIST			
Project number		Project code (SA#)	
Proj. location			Acceptance Date
Contractor			Region
Project Engineer		Resident Engineer	
<input type="checkbox"/> Project Basis		<input type="checkbox"/> System Basis	
<input type="checkbox"/> Final Estimate or Progress Estimate number:			
<input type="checkbox"/> Project Level Review (100%), <input type="checkbox"/> Residency Finals Review (Major Item Checking)			
Major Item 1.)		Major Item 2.)	
Major Item 3.)		Major Item 4.)	
1.)	2.)	3.)	4.)
In order for materials documentation to be complete, the following items need to be checked:			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Final Quantities between Final Estimate and CDOT Form #250 agree. (If different, it is noted)			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Field Sheet/Serial number(s) on CDOT Form #250 match project documents, of the item(s) checked.			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tests required and tests reported on the Form # 250 agree. (If different, it is noted.)			
yes	no	n/a	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If IA tests are involved, Field Sheet/Serial number(s) on CDOT Form #379 match project documents and all test(s) agree with field acceptance tests, and if applicable, shortages and exceptions are explained.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Ensure the correct number of tests on the CDOT Form #379.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	IA Witness tests did not exceed 20% of actual testing.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Independent (IA)/Acceptance (QA)/Check Test differences are explained.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Form #250 signed by the Project Engineer and Form #379 signed by the Region Materials Engineer.
NOTE: The following materials records are required to be attached to complete the finals materials documentation process, if applicable for this project:			
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Letters, CMOs, MCRs, field sheets, etc. if used as the primary documentation within the Explanation of Exceptions
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Price reduction calculations.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	QC/QA Data for Item 403.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Evaluation of Materials Testing, Form #1324 (per CP 16).
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Buy America Certificate, for steel products.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Roadway Surface Accomplishment Report (RSAR).
Review notes:			
This is to certify that the review of the materials documentation indicates the documentation is complete and accurate.			
Signed:		Title:	Date:

Distribution:

- | | |
|---|--|
| <input type="checkbox"/> Resident Engineer, (included with Project Final Documentation) | <input type="checkbox"/> Region Finals Engineer |
| <input type="checkbox"/> Project Engineer | <input type="checkbox"/> FHWA (Oversight Projects Only) |
| <input type="checkbox"/> Region Materials Engineer | <input type="checkbox"/> Documentation Unit, Materials & Geotechnical Branch |

CDOT Form #1199 4/05

COLORADO DEPARTMENT OF TRANSPORTATION FINAL ACCEPTANCE REPORT FOR FEDERAL-AID PROJECTS	Project No: STR C200-010	Federal Oversight: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Project Code (SA#): 21423	County: La Plata

Contractor's Name: Crossfire, LLC	Location: LA PLATA CO SH172 CR 517 FUNDX	Original Contract Amount: \$ 2,591,851.10
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Description of Improvement as Advertised
 Traffic Signal installation and intersection improvements at La Plata County CR 517 at SH 172 (the County's project was larger and included improvements to approx. 9/10 mile of CR 517 but CDOT only participated in the intersection work at SH 172).

Inspection Date: 9/7/18	Acceptance Date: 10/22/18	Percent Time Elapsed: 100%	Original Contract Time: 155 working days
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Checklist – Verify the following items as complete and /or correct:

- The project has been completed in reasonably close conformity with the Contract Plans and Specifications including authorized changes.
- The Form 473 – Letter of Materials Certification has been completed.
- The project right-of-way appears to be free of unauthorized encroachments.
- The completed project has been reviewed for obvious safety deficiencies.

Select one of the following:

- 1. The project did not include construction of a major bridge.
- 2. The project included construction of one or more major bridges.

If you selected 2 above verify the following:

- Staff Bridge has conducted an inspection of all major bridges constructed on this project.

Remarks:

Name: Jennifer Allison Title: Resident Engineer	Signature: 	Date: 5/7/19
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Distribution:
 FHWA (Original)
 CDOT Projects and Grants
 Records Center
 Finals Engineer
 Resident Engineer
 Local Agency (if a Local Agency project)

CDOT ProjectWise Explorer

CDOT Form 1212 09/09

CDOT Form 1313 – Consultant Monthly Invoice Cover Sheet

<https://www.codot.gov/library/forms/word-forms/cdot1313.xls/view>

COLORADO DEPARTMENT OF TRANSPORTATION DBE BID CONDITIONS ASSURANCE FOR NON-PROJECT SPECIFIC (NPS) CONSULTANT CONTRACTS	CMS #:	Project #:
	Anticipated Location(s):	
	Contract DBE Goal: %	Will Your Intended DBE % Meet The Goal? <input type="checkbox"/> YES <input type="checkbox"/> NO

Instructions For Prime Consultant:

- An officer of the consultant must complete and submit an original copy of this form as part of the **Commendation Section** of your NPS contract Statement Of Interest (SOI).
- List the DBE firms you intend to use for your DBE participation.
- Attach a signed *Letter of Acceptance* and copy of DBE certificate from each DBE firm listed below.
- Retain a photocopy for your records.

(NOTE: See 49 CFR part 26.55, and the *DBE Definitions and Requirements* section of the contract, for further information concerning counting DBE participation toward the contract's DBE goal.)

DBE SUBCONSULTANT	REQUIRED ATTACHMENTS	INTENDED ITEM(S) OF WORK	INTENDED % OF CONTRACT WORK
	<input type="checkbox"/> Letter of Acceptance <input type="checkbox"/> DBE certificate		%
	<input type="checkbox"/> Letter of Acceptance <input type="checkbox"/> DBE certificate		%
	<input type="checkbox"/> Letter of Acceptance <input type="checkbox"/> DBE certificate		%
	<input type="checkbox"/> Letter of Acceptance <input type="checkbox"/> DBE certificate		%
	<input type="checkbox"/> Letter of Acceptance <input type="checkbox"/> DBE certificate		%
	<input type="checkbox"/> Letter of Acceptance <input type="checkbox"/> DBE certificate		%
	<input type="checkbox"/> Letter of Acceptance <input type="checkbox"/> DBE certificate		%
	<input type="checkbox"/> Letter of Acceptance <input type="checkbox"/> DBE certificate		%
Enter the total percentage of the NPS contract that is intended for DBE participation:			Total = %

I understand that, if my company is awarded the contract, the commitments represented on this form are made terms and conditions of the NPS contract. If an item of work that is listed on this form as intended for DBE participation is included on a task order(s), I understand that the DBE firm(s) listed above must perform the stated item of work sufficient to meet the intended DBE percentage consistent with the *DBE Definitions And Requirements* section of the contract. In addition, if my company does not meet the intended DBE goal for this contract and is unable to document adequate good faith efforts, I understand that my company will receive a poor contract performance rating from CDOT, which will negatively impact the scoring of our Statements Of Interest (SOI) on future CDOT contracts.

I understand my obligation to abide by the policy stated above. I shall not discriminate on the basis of race, color, age, sex, national origin, or handicap in the selection process or the performance of contracts.

I declare under penalty in the second degree, and any other applicable state or federal laws, that the statements made in this document are true and complete to the best of my knowledge.

Company Name:	Date: / /
Company Officer Signature:	Title:

COLORADO DEPARTMENT OF TRANSPORTATION CERTIFICATE OF PROPOSED DBE PARTICIPATION FOR PROJECT SPECIFIC (PS) CONSULTANT CONTRACTS	CMS #:	Anticipated Location(s):
	Project #:	Sheet: _____ of _____
	Contract DBE Goal: _____ %	Will Your DBE % Meet The Goal (box C)? <input type="checkbox"/> YES <input type="checkbox"/> NO

Instructions For Prime Consultant:

- An officer of the consultant must complete and submit an original copy of this form as part of the *Commendation Section* of your PS contract Statement Of Interest (SOI).
- Submit a separate CDOT Form #1331 for each proposed DBE.
- Attach a signed *Letter of Acceptance* and copy of DBE certificate from each DBE firm.
- Retain a photocopy for your records.

(NOTE: See 49 CFR part 26.55, and the *DBE Definitions and Requirements* section of the contract, for further information concerning counting DBE participation toward the contract's DBE goal.)

NAME OF DBE SUBCONSULTANT	ITEMS OF WORK TO BE PERFORMED BY DBE SUBCONSULTANT
REQUIRED ATTACHMENTS: <input type="checkbox"/> Letter of Acceptance <input type="checkbox"/> DBE certificate	

A) What percentage of the overall contract is this proposed subcontract, supply/vendor contract, OR service/broker contract? NOTE: Calculate % based on actual subcontractor dollars and not prime contract prices. Only report % amounts that are eligible for counting toward the contract goal (See <i>DBE Definitions and Requirements</i> in contract).	A> _____ %
B) What is the total percentage value of proposed DBE participation from prior sheets/forms?	B> _____ %
C) What is the accumulative percentage value of the overall contract that is committed to DBEs? C = [A + B]	C> _____ %

I certify that:

- my company has accepted a proposal from the DBE subconsultant named above.
- my company has notified the proposed DBE subconsultant of the commitment % of work (*Letter of Acceptance is attached*).
- my company's use of the proposed DBE subconsultant for the items of work listed above is a condition of the contract award.
- my company will not use a substitute DBE subconsultant for the proposed DBE subconsultant's failure to perform under a fully executed subcontract, unless my company complies with the *DBE Definitions and Requirements* section of the contract.
- In addition, if my company does not meet the intended DBE goal for this contract and is unable to document adequate good faith efforts, I understand that my company will receive a poor contract performance rating from CDOT, which will negatively impact the scoring of our Statements Of Interest (SOI) on future CDOT contracts.

I declare under penalty of perjury in the second degree, and any other applicable state or federal laws, that the statements made on this document are true and complete to the best of my knowledge.

COMPANY NAME:	DATE: _____ / _____ / _____
COMPANY OFFICER SIGNATURE:	TITLE: _____

CDOT Form 1413 – Bidders List

<https://www.codot.gov/library/forms/cdot1413.xlsx/view>

CDOT Form 1414 – Anticipated DBE Participation Plan

<https://www.codot.gov/library/forms/cdot1414.xlsx/view>

CDOT Form 1415 – Commitment Confirmation

<https://www.codot.gov/library/forms/cdot1415.xlsx/view>

CDOT Form 1416 – Good Faith Effort Report

<https://www.codot.gov/library/forms/cdot1416.xlsx/view>

CDOT Form 1418 – Monthly Payment Summary

<https://www.codot.gov/library/forms/cdot1418.pdf/view>

CDOT Form 1419 – DBE Participation Report

<https://www.codot.gov/library/forms/cdot1419.xlsx/view>

CDOT Form 1420 – DBE Participation Plan Modification

<https://www.codot.gov/library/forms/cdot1420.xlsx/view>

CDOT Form 1425 – Supplier List

<https://www.codot.gov/library/forms/cdot-1425-supplier-list/view>

FHWA Form 1273 - Required Contract Provisions, Federal-Aid Construction Contracts

<http://www.fhwa.dot.gov/programadmin/contracts/1273/1273.pdf>

FHWA Form 1391 – Annual EEO Report, FHWA

<https://www.codot.gov/library/forms/fhwa-other-forms/form1391.xls/view>

FHWA Form 1391 Instructions – Annual EEO Report, FHWA

<https://www.codot.gov/library/forms/fhwa-other-forms/fhwa1391.pdf/view>