**EXHIBIT J**

**FHWA Checklist for Pre-Approval of In-Kind Match\***

**Part I**

Project Numbers: STIP\_\_\_\_\_\_\_\_\_\_\_\_\_CDOT \_\_\_\_\_\_\_\_\_\_, FHWA \_\_\_\_\_\_\_\_\_\_\_\_\_,

CDOT Region \_\_\_\_\_\_Project Name/Location\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Request Date\_\_\_\_\_\_\_\_\_\_, Local/Entity Requesting\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Submitted to\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In-Kind Match Contributor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Estimated Value of Match\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of Match:

Real Property\_\_\_\_ Design by 3rd party\_\_\_\_\_ Enhancement Project \_\_\_\_

Description of Match: (if other than ROW or Design by 3rd Party state basis of cost)

For 3rd party design the requesting entity signing below certifies that the selection process for the party providing the design complies with all applicable federal and state regulations.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

Entity Official Name & Title Entity Signature Date

**Part II**

The portion of the property required for this Federal Aid project followed the Uniform Act and has a FMV of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. CDOT Region \_\_\_\_ ROW Manager verification / certification:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ ROW Manager Name, Signature Date

Donated 3rd Party Design, cost of $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is reasonable. This design complies with all Federal requirements, as verified/certified by CDOT Region \_\_\_\_ Resident Engineer. RE signature required prior to NTP and phases other than design.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ Resident Engineer Name, Signature Date

Annual Audit Report received and reviewed by Region \_\_\_\_ Business Office. Date of Annual Audit Report \_\_\_\_\_\_\_\_\_\_\_\_\_ (Must be less than 24 months old)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

Business Manager Name, Signature Date

**Part III - ACTUAL**

Total Project costs\_\_\_\_\_\_\_\_\_\_ Current STIP Federal $ amount\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Maximum in kind match $\_\_\_\_\_\_\_\_\_\_\_\_, Maximum % \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount of cash match\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approval Signatures: CDOT Business Manager \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OFMB Federal Program Manager\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FHWA Operations Engineer\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FHWA Financial Manager\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\* (Must be completed prior to authorization of any phase by FHWA)

References: CFR 23 172 and 710.515, CFR 49 18.20 and 18.37

When completed: Original to Region Project File

Copies to: Business Office Project File

 OFMB Project File

 Accounting Project & Grants Manager

Accounting Project File

 Local Entity

 FHWA Fiscal File

 FHWA Project File

Form last updated 2/20/04, (Previous editions usable)