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

Part I
Project Numbers: STIPCDOT, FHWA,
CDOT RegionProject 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 3 <sup>rd</sup> 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:
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	Signature Date	
Annual Audit Report received a Audit Report		Business Office. Date of Annual old)	
Business Manager Name,	Signature	Date	
Part III - ACTUAL			
Total Project costs	Current STIP Federal \$ a	amount	
Maximum in kind match \$	, Maximum %		
Amount of cash match			
Approval Signatures: CDOT B	usiness Manager		
OFMB F	ederal Program Manager		
FHWA (	Operations Engineer		
FHWA F	Financial Manager		
* (Must be completed prior to a	authorization of any phase by F	FHWA)	
References: CFR 23 172 and 7	10.515, CFR 49 18.20 and 18.3	37	
When completed: Original to R	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)