
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)