

MUNICIPALLY-MANAGED PROJECT CHECKLIST

Use for State Aid Bridge (SAB) and State Aid Highway (SAH) Projects

Project Name: _____ **DOT #** _____

Application for Preliminary Estimate **sent** to DOT: _____ Estimate **received:** _____
SAB only

Project Funds Appropriated: Total Amount \$ _____ Municipality's Share \$ _____

Application for Construction **sent** to DOT: _____

Confirmation Letter **received** from DOT: _____ State FY Programmed: _____
July 1 to June 30

Consultant QBS Process Started: _____ Consultant Selected: _____
DOT Notified: _____ Name Date

Consultant's Scope & Fee for Engineering Study **received:** _____ **DOT Notified/Approved:** _____

Engineering Study **received:** _____ **DOT Notified/Approved:** _____

Consultant's Scope & Fee for Design thru Bid Phase **received:** _____ **DOT Notified/Approved:** _____

Preliminary Plans **received:** _____ **DOT Notified/Approved:** _____

Final Plans & Contract Proposal **received:** _____ **DOT Notified/Approved:** _____
Sent selectmen's letter accepting responsibility & liability associated with design in variance w/DOT recommendation: _____

Request for reimbursement of preliminary engineering charges **sent** to DOT: _____ Funds **received:** \$ _____

Bid Tabulation **sent** to DOT: _____ **DOT Notified/Approved:** _____

Notice of Award **sent** to DOT: _____ Partial Reimbursement of Construction Bid **received** from DOT: \$ _____

Consultant's Scope & Fee for Construction Engineering **received:** _____ **DOT Notified/Approved:** _____

CONTRACT	AMENDMENT/CHANGE ORDER	\$ AMOUNTS (INCREASE/DECREASE)	DOT Appr'd <input type="checkbox"/>

Final DOT Inspection Requested: _____
(Final DOT inspection and approval must be done prior to reimbursement of remaining project costs.)

Request for reimbursement of remaining project costs **sent** to DOT: _____ Funds **received:** \$ _____



PE \$ _____

Construction \$ _____

CE \$ _____

ROW \$ _____

TOTAL PROJECT COSTS _____