

Michigan Department
Of Transportation
0375 (04/14)

REQUEST FOR PAYMENT FORM – EXHIBIT A
ROAD AND RISKS RESERVE (RRR) FUND PROJECTS
Administered through MDOT Local Agency Program Unit

CONTRACT NO.

GRANTEE

ROUTE

LOCATION DESCRIPTION

This form must be completed and returned to Local Agency Programs (MDOT) in order for you to receive payment for the project. On the form, please be sure to include the estimated date that construction of the project will be completed and include your agency's federal identification number. As soon as this information is received, Local Agency Programs (MDOT) will authorize Contract Services Division to make payment to the local agency. Complete this form and forward it to:

Attn. Larry Doyle, Local Agency Programs, MDOT, P.O. Box 30050, Lansing, Michigan 48909.

ESTIMATED CONSTRUCTION COMPLETION DATE

APPROVED GRANT AMOUNT (for this request)
\$

CERTIFICATION

I certify that the contracting procedures that will be followed in connection with the administration of the construction contract for the PROJECT will be based on an open competitive bid process and that the construction contract for the PROJECT will be publicly advertised and awarded on the basis of the lowest responsive and responsible bid in accordance with application State and local statutes, regulations, and ordinances.

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL

TYPED OR PRINTED NAME & TITLE

DATE

AGENCY FEDERAL I.D. NO.

TELEPHONE NO.

RECEIVED BY LOCAL AGENCY PROGRAMS ENGINEER MANAGER (MDOT)

DATE

RECEIVED BY CONTRACT SERVICES DIVISION ADMINISGTRATOR (MDOT)

DATE
