

103 Standard Forms

103.1 General

This chapter contains fillable portable document format (PDF) of the standard forms found in the FDOT Design Manual (**FDM**). The form number assigned to each form corresponds to the **FDM** chapter in which it is discussed. Refer to the related chapter for instruction on the use of each form.

BRIDGE DEVELOPMENT REPORT SUBMITTAL CHECKLIST

Project Name _____

Financial Project ID_____

FA No. _____	Projects of Division Interest	yes	no
	NHS	yes	no

Date _____ FDOT Project Manager _____

ITEMS	STATUS ^(b)
1. Typical Sections for Roadway and Bridge ^(a)	
2. Roadway Plans in Vicinity of Bridge ^(a)	
3. Maintenance of Traffic Requirements ^(a)	
4. Bridge Hydraulics Report ^(c)	
5. Geotechnical Report ^(c)	
6. Bridge Corrosion Environmental Report ^(c)	
7. Existing Bridge Plans	
8. Existing Bridge Inspection Report	
9. Utility Requirements.....	
10. Railroad Requirements	
11. Retaining Wall and Bulkhead Requirements.....	
12. Lighting Requirements	
13. ADA Access Requirements.....	
14. Other.....	
 ^(a) Must be approved by District before BDR submittal.	
^(b) Select appropriate status: Provided, Not Applicable, Comments Attached	
^(c) See approval requirements for these documents elsewhere in this chapter.	

Standard Peer Review Certification Letter

Florida Department of Transportation
District ____

Attn:

Reference: Independent Peer Review Category 2 Structures
Financial Project ID:
Federal Aid Number:
Contract Number:

Submittal: 90% Bridge Submittal Plans
Bridge Number(s):

Dear _____,

Pursuant to the requirements of the Contract Documents,
_____ hereby certifies that an independent peer review of the above-referenced
submittal has been conducted in accordance with FDM 121 and all other governing regulations.
Component plans that were included in the peer review are as follows:

Outstanding / Unresolved Comments and Issues:

Certification Statement:

I certify that the component plans listed in this letter have been verified by independent review and are in compliance with all requirements presented in the Contract Documents. Independent Peer Review comments and comment resolutions have been included in this submittal under separate cover.

Please do not hesitate to contact me if you have any questions.

Name of Independent Peer Review Firm _____

Name of Independent Peer Reviewer _____

Title _____

Signature _____

Florida Professional Engineer Lic. No. _____

Certification Letter

Florida Department of Transportation
District ____

Attn:

Reference: Independent Peer Review Category 2 Structures
Financial Project ID:
Federal Aid Number:
Contract Number:

Submittal: 100% Bridge Submittal Plans
Bridge Number(s):

Dear _____,

Pursuant to the requirements of the Contract Documents,
_____ hereby certifies that an independent peer review of the above-referenced
submittal has been conducted in accordance with FDM 121 and all other governing
regulations. Component plans that were included in the peer review are as follows:

Certification Statement:

I certify that the component plans listed in this letter have been verified by independent review,
that all review comments have been adequately resolved, and that the plans are in compliance
with all Department and FHWA requirements presented in the Contract Documents.

Please do not hesitate to contact me if you have any questions.

Name of Independent Peer Review Firm

Name of Independent Peer Reviewer

Title

Florida Professional Engineer Lic. No.

*[Insert Signature,
Date and Seal
here.]*

SUBMITTAL/APPROVAL LETTER

To: _____
District or Turnpike Design Engineer

Date: _____

Financial Project ID: _____ New Const. RRR

Federal Aid Number: _____

Project Name: _____

State Road Number: _____ Co./Sec./Sub. _____

Begin Project MP: _____ End Project MP: _____

FHWA Project of Division Interest: Yes No

Request for: Design Exception Design Variation

Community Aesthetic Feature: Conceptual Final

Re-submittal: Yes No Original Ref# _____ - _____ - _____

Requested for the following element(s):

Design Speed	Lane Width	Shoulder Width	Cross Slope
Design Loading Structural Capacity	Vertical Clearance	Maximum Grade	Stopping Sight Distance
Superelevation	Horizontal Curve Radius	Other _____	

Recommended by:

_____ Date _____

Approvals:

_____ Date _____

_____ Date _____

_____ Date _____

_____ Date _____

_____ Date _____

_____ Date _____

Design Plans Phase Review

DATE: _____

TO: _____

FROM: _____

COPIES: _____

SUBJECT: Response to _____ Phase Review

REF: Financial Project ID _____
FA Project Number _____
County _____

APPROVED:

CONCURRENCE:

Responsible Professional Eng.
(Name of Consultant Firm)

- * District Design Engineer
- * District Structures Design Engineer
- * District Project Management Engineer

* As appropriate

Design Plans Component Review

DATE: _____

TO: _____

FROM: _____

COPIES: _____

SUBJECT: Response to _____ Component Review

REF: Financial Project ID _____
FA Project Number _____
County _____

APPROVED:

CONCURRENCE:

Responsible Professional Eng.
(Name of Consultant Firm)

- * District Design Engineer
- * District Structures Design Engineer
- * District Project Management Engineer

* As appropriate

Special Provisions

DATE:

TO:

FROM:

COPIES:

SUBJECT:

REF: Financial Project ID
 FA Project Number
 County

APPROVED:

CONCURRENCE:

Responsible Professional Eng.
(Name of Consultant Firm)

* District Design Engineer
* District Structures Design Engineer
* District Project Management Engineer

* As appropriate

INITIAL MEETING CHECKLIST

Basic information about the project

Project Location	Jurisdiction(s) in which the Project is Located
Project Limits	Proposed Change in Lane Configuration
Project Length	Project Schedule
Project Purpose	

This is a list of items that the Applicant should be prepared to discuss at the Initial Meeting:

Conceptual plan (including transitions to and from the lane elimination section)	Anticipated changes (if any) in functional classification and access management classification
Existing and long-range future AADT (the latter based on historical growth and/or the regional travel demand model)	Anticipated changes (if any) in posted speed limits
Consistency of the proposed project with the applicable Long-Range Transportation Plan (LRTP), Transportation Improvement Program (TIP), Transit Development Plan (TDP), comprehensive plan, and any applicable master plans, visions, and Complete Streets initiatives	Need for design variations or design exceptions to support the lane elimination project
Status of the roadway as an Evacuation Route, freight route, and/or part of the Strategic Intermodal System (SIS)	Plan for obtaining input and review from businesses, residents, and other stakeholders
Status of the roadway as a major transit corridor per the LRTP or TDP	Plan for receiving endorsement from elected officials
Proposed use(s) for the right-of-way after lanes are eliminated (e.g., widened sidewalks, bicycle lanes, landscaping, on-street parking, transit lanes)	Ideas for funding sources
Existing right-of-way width and any proposed changes to the right-of-way width	Potential implementation strategy and partner commitments
Anticipated changes (if any) in jurisdictional responsibility for ownership or maintenance of the roadway	

Methodology Checklist

This is an illustrative list of items that the District Review Team might require the Applicant to address in a Concept Report:

- Conceptual design plans (including proposed typical sections) that meet FDOT design standards for all transportation modes
- Need for any design variations or exceptions
- Size of impact area
- Near- and long-range traffic forecasts with and without the proposed (with changes in travel patterns clearly shown)
- Near- and long-range level of service (LOS) and queuing analysis for intersections and segments in the impact area under the build and no-build scenarios
 - LOS analyses may be daily or peak hour analyses at the District Review Team's discretion.
 - The District Review Team and the Applicant should agree on an analysis methodology.
- Mitigation to address significant and adverse LOS impacts on State roads and the regional transportation system resulting from the lane elimination
- Impact on pedestrian and bicycle infrastructure (e.g., sidewalks, bicycle lanes, and multi-use paths) and connectivity
- Impact on transit routes and/or transit stops locations (including appropriateness of turn radii and lane widths)
- Impact on parking supply
- Crash data summary and analysis, which may include identification of high-crash locations (by crash type) and locations on FDOT's 5% lists (i.e., the lists of the 5% of segments and intersections with the highest number of crashes) and/or estimation of the potential increase or decrease in crashes using Crash Modification Factors (CMFs) from the Highway Safety Manual, CMFs from the Federal Highway Administration CMF website, or other appropriate methodologies
- Impact on trucks and designated truck routes (including appropriateness of turn radii and lane widths and possible relocation of designated truck routes)
- Impact on evacuations routes and emergency response
- Conceptual funding plan (includes cost estimates and funding sources)
- Conceptual implementation plan (including an implementation schedule and a list of the commitments that the applicant will make in support of the lane elimination project)
- Existing posted speed and desired posted speed after the lane elimination
- The need to add, remove, or modify traffic signals
- Impacts on school crossing locations and/or midblock pedestrian crossing locations
- Case-specific special considerations to be determined (e.g., railroad crossing improvements)

**Lane Elimination
Initial Notice to Central Office**

FORM 126-C

To: _____ From: _____ Date: _____
Systems Management Manager

The intent of this message is to inform Central Office that District _____ has received a request for lane elimination on a State Highway.

PROJECT INFORMATION

State Road: _____

Project Location: _____

Project Limits (MP): From _____ to _____

Applicant: _____

Project Description: _____

Project Purpose: _____

Proposed Change in Cross Section: From _____ lanes to _____ lanes

SIS NHS

ACTIONS AND OUTCOMES TO DATE

District staff participated in a meeting with _____ on _____ to formally commence the lane elimination review process. At that meeting, District staff provided an overview of the lane elimination review process and the Applicant shared initial information about the lane elimination project. The District determined the specific review process and analysis methodology for the lane elimination request.

NEXT STEPS

The Applicant will submit a Draft Concept Report (containing a proposed typical section) as the lane elimination review process proceeds. If the District reviewers find the Draft Concept Report acceptable, the District will recommend that the Applicant submit a formal Application Package (including the Final Concept Report). If the Application Package is complete and acceptable, the District will approve the lane elimination request with the concurrence of Central Office.

Concurrence:

District Design Engineer

Date: _____

District Traffic Operations Engineer

Date: _____

Lane Elimination Final Review and Approval Notice to Central Office

The intent of this message is to inform Central Office that District _____ has received a request for lane elimination on a State Highway.

PROJECT INFORMATION

State Road: _____

Project Location: _____

Project Limits (MP): From _____ to _____

Applicant: _____

Project Description: _____

Project Purpose: _____

Proposed Change in Cross Section: From _____ lanes to _____ lanes

SIS NHS

District Approvals:

District Design Engineer

Date: _____

District Traffic Operations Engineer

Date: _____

Concurrence:

Chief Planner

Date: _____

Final Approval:

Chief Engineer

Date: _____

18 KIP Equivalent Single Axle Loads (ESAL)

Financial Project ID _____

State Road No. _____

County _____

I have reviewed the 18 KIP Equivalent Single Axle Loads to be used for pavement design on this project. I hereby attest that these have been developed in accordance with the FDOT **Project Traffic Forecasting Procedure** using historical traffic data and other available information.

Name

Signature

Title

Organizational Unit

Date

Project Traffic

Financial Project ID _____

State Road No. _____

County _____

I have reviewed the Project Traffic to be used for design on this project. I hereby attest that it has been developed in accordance with the FDOT **Project Traffic Forecasting Procedure** using historical traffic data and other available information.

Name

Signature

Title

Organizational Unit

Date

TRANSMITTAL OF PLANS, SPECIFICATIONS AND ESTIMATES PACKAGE

Date: _____ 30 Day AD 60 Day AD
 Proposal/Contract ID: _____ Letting Date: _____ Re-Let: No Yes
 Financial Project ID(s): _____
 County: _____ State Road No.: _____
 Federal Funds: No Yes Federal Aid No.: _____
 Total Roadway Length: _____ Total Bridge Length: _____
 Total Project Length: _____ Total Project Length Verified by: _____
 Project Manager Name and Phone Number: _____
 E.O.R. Name, Firm and Phone Number: _____
 Work Mix No. _____ Work Mix Description: _____

On _____, the District Director of Transportation Development (Production) certified that the Plans, Specifications and Estimates (PS&E) Package is complete, has no known errors or omissions, has been reviewed for constructability and biddability, and is ready to be advertised for construction.

The following items transmitted as noted:

SEALED PLANS SET (_____ SHEETS), SPECIFICATIONS PACKAGE (_____ PAGES): The Electronic Bid Set was reviewed by _____ and posted to the server on _____.

ESTIMATES OFFICE INFORMATION:

The Authorization Estimate, will be reviewed by District Estimates and posted to the server by the PS&E submittal due date. At the time of posting, transfer control of the project files to Central Office.

FEDERAL AID OFFICE INFORMATION:

Federal Aid Oversight: No Yes

FHWA: Approved by _____ Date: _____
Print Name of FHWA Engineer

CONTRACTS OFFICE INFORMATION:

Contract Time: _____ Calendar Days

Select One:

- Standard Acquisition Time: 15 Days
- Other Acquisition Time: _____ Days (Approval required if more than 120 Days)
- Flexible Start Time: _____ Days (Approval required if more than 120 Days)
- Special Start Date: _____ (Approval required for SP0080303B and SP0080303C)

Wage Rate(s) _____

Business Development Initiative Project: No Yes

Alternative Contracting: No Yes

(If yes, Type: _____)

Pre-Bid Conference Mandatory? No Yes (Date: _____ Time: _____ A.M./P.M.)

(Contact Person and Phone: _____)

(Location of Conference: _____)

SPECIAL NOTES and REQUIREMENTS (List/Explain): _____

If any items are missing please contact _____
Contact Name and Phone Number

Transmittal of Plans, Specifications and Estimates Package Sheet 2 of 2

REMINDER

1. Check that all components of the Contract Plans are included as listed on the lead key sheet.
2. Check that all sheets are included according to key sheet indices.
3. Check that all sheets have the correct Financial Project ID.
4. Check that all sheets are legible and reproducible.
5. On strung projects, check that all Summary of Pay Item sheets from the Proposal/Contract ID go in the lead project and the Financial Project ID of the strung project is shown on the lead key sheet.
6. Check that bridge pay item sheets show bridge numbers and the quantity breakdowns.
7. E-mail the Transmittal Memo, Contract File Index and attachments to the group "CO-CPKG" and copy the FDOT Project Manager.
8. Verify the accuracy, in the FM system, of the Description, Project Limits, Mileage and Structures. Initial Total Project Length Verification.

Special Notes and Requirements:

- A. Provide the Roadway, Bridge, and Project Lengths in miles, rounded to three decimal places as follows:
 - Total Roadway Length = End Project - Begin Project - Exceptions - Bridges (not including bridge culverts) adjusted for Equations
 - Total Bridge Length = Sum of all End Bridge – Begin Bridge (not including bridge culverts)
 - Total Project Length = Roadway + Bridges
- B. Include the Work Mix Number and Work Mix Description corresponding to the information as shown in the Financial Management System on the WP01 Screen
- C. Anything that affects the advertisement, bidding and award that is not listed above such as:
 - a. Railroad Insurance
 - b. Developmental Specifications
 - c. Alternative Contracting items such as Scope Alternates
 - d. Budgetary Ceilings
 - e. Additional Insured Endorsement partiesFor A+B projects, include the User Cost Per Day \$_____ and Maximum Days _____.

CONTRACT FILE INDEX

Financial Project ID _____ Proposal/Contract ID _____

ATTACHMENTS (check if included or list expected date of transmittal to Central Office)

- _____ Calendar Days Recommendation
- _____ Preliminary Engineering Certification*
- _____ Utility Certification
- _____ Status of Environmental Certification Form
- _____ Permit Transmittal Memo**
- _____ Railroad Clear Letter
- _____ FDOT/FGT Encroachment Agreement
- _____ Certificate for Construction (**Form 575-095-05**)
- _____ Executed copy of MMOA for Projects with Patterned Pavement
- _____ Approval if SP0080701B Computation of Contract Time is used.
- _____ Landscape Exception Approval per Engineering and Operations Memorandum 13-1

- No Yes Project is Project of Division Interest under agreement dated August 20, 2015*
- No Yes Right of Way Certification was mailed to State R/W Administrator
- No Yes N/A Local Funds Agreement sent to Office of Comptroller
- No Yes N/A Local Funds Sent to Office of Comptroller
- No Yes N/A Project is Federally Funded off the State Highway System, requiring a Maintenance Agreement.
If yes, a Maintenance Agreement (Number _____) was executed on _____ . A copy is available upon request.

* Include if federally funded.

** Must have District Secretary Approval if Permits are not received by Authorization to Advertise (*Federally Funded Projects Only*).

Note: If project is federally funded and has a state funded "Goes With", please provide the same documentation as required for a federally funded project.

Name: _____
Print Name of Project Manager/Other Title

Date: _____

REMINDER

PROCESS:

1. Organize attachments in the order listed.
2. Show the number of Maintenance Agreements (Federal funds – off the State Highway System).
3. Show anticipated date of arrival on any item not included in package.
4. The ***Status of Environmental Certification*** must be completed on all federally and state funded projects. For federally funded projects, use the Status of Environmental Certification for Federal Project, Form #650-050-13. For state funded only, non-federal eligible (NFE) projects, use the Status of Environmental Certification for State Funded Project, Form #650-050-14. The District Environmental Office must use the StateWide Environmental Project Tracker (SWEPT) to complete the Status of Environmental Certification Form.

When a federally funded project is strung with a NFE project, the entire project contract becomes federalized; i.e., both the state funded project and the federally funded project must comply with all applicable federal laws, rules, and regulations related to the federalized contract. In addition, the federally funded project is to be the lead project.

Regarding federal environmental compliance under NEPA, the project limits of the approved final environmental document will control the scope of compliance with NEPA requirements. NEPA requirements (including staging areas and Contractors' off-site activities) must only be met for that portion of the project included within the "logical termini" as described in the NEPA document associated with the federally funded portion of the federalized contract.

NOTE: The Contract File Index is an integral part of the Transmittal of Plans, Specifications and Estimates Package.

REVISION MEMO

DATE: _____
TO: Final Plans (CO-FINALPLANS)
FROM: _____, Project Manager
COPIES: DDE, DCPME
SUBJECT: Revision Number _____ - Letting (mo./yr.) _____
Financial Project ID _____ (Lead number only)
Proposal/Contract ID _____
Federal Funds: []No []Yes Federal Aid No. _____
County _____ State Road No. _____

Mandatory Only: []No []Yes (*If Yes, Signatures Not Required.)

*Concurred by: _____ Date: _____
Signature of Director of Transportation Development or Designee

I have reviewed for effects on the Specifications Package and a package revision is []
is not [] required. *Approved By: _____ Date: _____
Signature of District Specifications Engineer

If Projects of Division Interest ,

*Authorized By: _____ Date: _____
Print Name of FHWA Engineer

REVISIONS RECEIVED IN THE FINAL PLANS OFFICE WITHIN 15 WORK DAYS
OF THE LETTING MUST BE APPROVED BY THE DISTRICT SECRETARY.
NO REVISIONS ALLOWED WITHIN 5 WORK DAYS OF THE LETTING
WITHOUT APPROVAL.

*Approved By: _____ Date: _____
Signature of District Secretary

- [] SUPPLEMENTAL SPECIFICATIONS PACKAGE NUMBER _____ (____ Pages).
[] REISSUED SPECIFICATIONS PACKAGE _____ (____ Pages).
[] PLANS REVISION NUMBER _____ (____ Sheets).

CONTRACT TIME REVISED: []No []Yes(if yes, _____ Total Calendar Days)



REMINDER

PROCESS:

1. Fill out headings.
2. Mandatory Only revisions must not have other revisions included to remain exempt from signature requirement.
3. On Projects of Division Interest, get FHWA concurrence as applicable. Print name of FHWA Engineer and date. *(Not required for Mandatory Only Revisions)*
4. Get concurrence signature from the District Director of Transportation Development or designee. *(Not required for Mandatory Only Revisions)*
5. Get signature of the District Specifications Engineer. *(Not required for Mandatory Only Revisions)*
6. Revisions received in the Final Plans Office within 15 work days of the letting must be approved by the District Secretary. *(Not required for Mandatory Only Revisions.)* Notify Final Plans. Revisions within five working days of the letting are not allowed without final approval from the Director of the Office of Design. Since there is no assurance that all prospective contractors will get these documents on time to be considered in their bids, approvals for a revision within five working days of the letting will be rare. If the revision is not approved, the project will either be let as is, or be withdrawn from letting. Withdrawing or moving the project to a later letting after advertisement requires approval by the District Secretary and the Chief Engineer.
7. For Supplemental Specification Packages, fill in the Rev. Date, number of pages and a brief description.
8. Enter the sheet number and:
Describe new pay item number, Rev. Date with old quantity and new quantity, deleted pay item number only, or revised quantities; by entering pay item number with old and new quantities.
9. On bridges indicate "each bridge number" with corrected changes.
10. If a revision will impact the utility plans, adjustments or schedules, provide a copy of the revision memo and affected plan sheets to the District Utilities Engineer.
11. Any change to any pay item, requires replacement of the entire Proposal Summary of Pay Items.
12. Email the Revision approval to Final Plans Section (CO-FINALPLANS) to unlock the summary of pay items.
13. Email Revision Memo to Final Plans.

REVISED DOCUMENTS:

1. Revised sealed plans sheets including Summary of Pay Items and Summary of Quantities sheets.
2. Revised District Cost Estimate if federally funded.
3. Revised sealed Supplemental Specifications Package.

MEMORANDUM

DATE: _____

TO: _____, Federal Aid Programs Manager

FROM: _____, Design Project Manager

COPIES: _____

SUBJECT: **PRELIMINARY ENGINEERING CERTIFICATION** (Federal Aid Projects Only)

Financial Project ID _____
 Proposal/Contract ID _____
 Federal Aid No. _____
 County _____
 Project Description _____

Preliminary Engineering (design) was funded with:

- State Funds under
Financial Project ID _____
- Federal Funds authorized under,
Federal Aid No. _____
Financial Project ID _____

The following projects, designed with the same Preliminary Engineering funds, will be strung to (awarded with) the subject project:

Federal Aid No. _____, Financial Project ID _____,
 Federal Aid No. _____, Financial Project ID _____.

The Preliminary Engineering for the subject project is ____ open/ ____ closed. If open,

- it will be closed after PS&E authorization, or
- it is a district wide project. Task order number _____ for this project is closed. The financial number will be open for other projects.
- it will remain open for additional charges, as follows: _____

The FDOT Project Manager may be contacted at (phone): _____

REMINDER

Under "Preliminary Engineering (design) was funded with:"

The Financial Project ID should always have a 3X phase in it. 3X is for Preliminary Engineering (design). Example: 415211-1-32 01
or 415211-1-31 01

Preliminary Engineering Certification is required if Federal Funds are used for either Design or Construction phases.

**Agency Maintenance Agreement
for Work Performed by the Department
Sheet 1 of 3**

Financial Project ID: _____

Federal Aid No. _____

Local Agency: _____

Project Description: _____

Bridge No.: _____

MAINTENANCE AGREEMENT

THIS AGREEMENT, made and entered into on this _____ day of _____, 20____, by and between the STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION (hereinafter called "DEPARTMENT"), and _____, Florida (hereinafter called "LOCAL AGENCY");

WITNESSETH:

WHEREAS, the DEPARTMENT is preparing to undertake a project within the LOCAL AGENCY and LOCAL AGENCY identified and known to the parties by Financial Project I.D. _____ which will be of benefit to the LOCAL AGENCY; and

WHEREAS, approval of federal aid necessary to the project requires agreement by the LOCAL AGENCY to maintain the project;

NOW, THEREFORE, in consideration of the premises, the parties hereby agree as follows:

1. The DEPARTMENT will undertake the project and obtain approval of the Federal Highway Administration for federal participation.
2. Upon completion and acceptance, the LOCAL AGENCY will assume responsibility for maintenance of the project and will conduct such maintenance in accordance with approved state standards.
3. To the extent permitted by law, LOCAL AGENCY must indemnify, defend, and hold harmless the DEPARTMENT and all of its officers, agents, and employees from any claim, loss, damage, cost, charge, or expense arising out of any act, error, omission or negligent act by LOCAL AGENCY, its agents, or employees, during the performance of the Agreement, except that neither LOCAL AGENCY, its agents, or its employees will be liable under this paragraph for any claim, loss, damage, cost, charge, or expense arising out of any act, error, omission, or negligent act by the DEPARTMENT or any of its officers, agents, or employees during the performance of the Agreement. Nothing herein must waive the rights of sovereign immunity of either party.

**Sample Local Agency Maintenance Agreement
For Work Performed by the Department
Sheet 2 of 3**

4. In the event there are cost overruns, supplemental agreements (specifically incurred in the areas located off the State Highway System), and or liquidated damages not eligible to be paid for by federal funds due to the Federal Highway Administration determining that said costs are non-participating costs, the LOCAL AGENCY must be responsible for one-hundred percent (100%) of the funds required to make up the shortfall not paid by federal funds. The Project is off of the "State Highway System," therefore, in accordance with **Section 339.08(1), Florida Statutes**, State funding cannot be used for payments of non-participating costs on this Project. (Examples of non-participating items could be fishing piers; premium costs due to design or CEI errors or omissions; material or equipment called in for the plans but not used in the construction, as referenced in the Federal Aid Policy Guide 23, **CFR Section 635.120**).
 - a. Should such shortfalls occur, due to a determination that said costs are non-participating, the LOCAL AGENCY agrees to provide, without delay, a deposit within fourteen (14) calendar days of notification from the Department, to ensure that cash on deposit with the Department is sufficient to fully fund the shortfall. The Department must notify the LOCAL AGENCY as soon as it becomes apparent there is a shortfall; however, failure of the Department to so notify the LOCAL AGENCY must not relieve the LOCAL AGENCY its obligation to pay for its full participation of non-participating costs during the Project and on final accounting, as provided herein below. If the LOCAL AGENCY cannot provide the deposit within fourteen (14) days, a letter must be submitted to and approved by the Department's project manager indicating when the deposit will be made. The LOCAL AGENCY understands the request and approval of the additional time could delay the project, and additional non-participating costs may be incurred due to the delay of the project.
5. The DEPARTMENT intends to have its final and complete accounting of all costs incurred in connection with the work performed hereunder within three hundred sixty days (360) of final payment to the Contractor. The Department considers the Project complete when the final payment has been made to the Contractor, not when the construction work is complete. All non-participating Project cost records and accounts must be subject to audit by a representative of the LOCAL AGENCY for a period of three (3) years after final close out of the Project. The LOCAL AGENCY will be notified of the final non-participating cost of the project. Both parties agree that in the event the final accounting of total non-participating costs pursuant to the terms of this Agreement is less than the total deposits to

date, a refund of the excess will be made by the Department to the LOCAL AGENCY. If the final accounting is not performed within three hundred and sixty (360) days, the LOCAL AGENCY is not relieved from its obligation to pay.

- 6. In the event the final accounting of total non-participating costs are greater than the total deposits to date, the LOCAL AGENCY will pay the additional amount within forty (40) calendar days from the date of the invoice from the Department. The LOCAL AGENCY agrees to pay interest at a rate as established pursuant to Section 55.03, Florida Statutes, on any invoice not paid within forty (40) calendar days until the invoice is paid.
- 7. Any payment of funds under this Agreement provision will be made directly to the Department for deposit.

IN WITNESS WHEREOF, the parties hereto have set their hands and seals on the day and year first above written.

LOCAL AGENCY OFFICIAL

STATE OF FLORIDA
DEPARTMENT OF TRANSPORTATION

By: _____
Title: _____

(Type Name)

By: _____
District Secretary

ATTEST:

Clerk (Seal)

ATTEST:

Executive Secretary (Seal)

LEGAL APPROVAL:

LOCAL AGENCY Attorney

(Type Name)

LEGAL APPROVAL:

Senior Attorney

Items of Work Checklist

DATE: _____

TO: _____, District Specifications

FROM: _____, Project Manager

COPIES TO:

SUBJECT: ITEMS OF WORK

Financial Project ID: _____ (GOES WITH _____)

County (Section): _____

* Project Description: _____

The plans package for the above referenced project includes the following items of work to be performed:

- | | |
|------------------------|-----------------------------|
| Milling & Resurfacing | Highway Signing |
| Base Work | Guardrail |
| Shoulder Treatment | Landscaping |
| Drainage Improvements | Box or Three-sided Culverts |
| Curb & Gutter | Bridges |
| Traffic Signals | MSE Walls |
| Lighting | Sidewalks/Shared Use Path |
| Other (Please Specify) | |

Please include the county, project description and all items of work that apply in the *Intent and Scope* so they may be added to the advertisement description.

* The project description should only include the road number and the limits or location of the project.

PORTABLE CHANGEABLE MESSAGE SIGNS WORKSHEET

Location of board: _____

Used: from _____ at _____

to _____ at _____

Message programmed by: _____

MESSAGE 1

_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

MESSAGE 2

_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

Timing:

Message 1 will run: _____ seconds.

Message 2 will run: _____ seconds.

STANDARD ABBREVIATIONS FOR USE ON CHANGEABLE MESSAGE SIGNS

Standard abbreviations easily understood are:

<u>WORD</u>	<u>ABBREV.</u>	<u>WORD</u>	<u>ABBREV.</u>
Boulevard	BLVD	Normal	NORM
Center	CNTR	Parking	PKING
Emergency	EMER	Road	RD
Entrance, Enter	ENT	Service	SERV
Expressway	EXPWY	Shoulder	SHLDR
Freeway	FRWY, FWY	Slippery	SLIP
Highway	HWY	Speed	SPD
Information	INFO	Traffic	TRAF
Left	LFT	Travelers	TRVLRs
Maintenance	MAINT	Warning	WARN

Other abbreviations are easily understood whenever they appear in conjunction with a particular word commonly associated with it. These words and abbreviations are as follows:

<u>WORD</u>	<u>ABBREV.</u>	<u>PROMPT</u>
Access	ACCS	Road
Ahead	AHD	Fog*
Blocked	BLKD	Lane*
Bridge	BRDG	[Name]*
Chemical	CHEM	Spill
Construction	CONST	Ahead
Exit	EX, EXT	Next*
Express	EXP	Lane
Hazardous	HAZ	Driving
Interstate	I	[Number]
Major	MAJ	Accident
Mile	MI	[Number]*
Minor	MNR	Accident
Minute(s)	MIN	[Number]*
Oversized	OVRSZ	Load
Prepare	PREP	To Stop
Pavement	PVMT	Wet*
Quality	QLTY	Air*
Route	RT	Best*
Turnpike	TRNPK	[Name]*
Vehicle	VEH	Stalled*
Cardinal Directions	N, E, S, W	[Number]
Upper, Lower	UPR, LWR	Level

* = Prompt word given first

The following abbreviations are understood with a **prompt** word by about 75% of the drivers. These abbreviations may require some public education prior to usage.

<u>WORD</u>	<u>ABBREV.</u>	<u>PROMPT</u>
Condition	COND	Traffic*
Congested	CONG	Traffic
Downtown	DWNTN	Traffic
Frontage	FRNTG	Road
Local	LOC	Traffic
Northbound	N-BND	Traffic
Roadwork	RDWK	Ahead [Distance]
Temporary	TEMP	Route
Township	TWNNSHP	Limits

* = Prompt word given first

Certain abbreviations are prone to inviting confusion because another word is abbreviated or could be abbreviated in the same way. **DO NOT USE THESE ABBREVIATIONS:**

<u>ABBREV.</u>	<u>INTENDED WORD</u>	<u>WORD ERRONEOUSLY GIVEN</u>
WRNG	Warning	Wrong
ACC	Accident	Access (Road)
DLY	Delay	Daily
LT	Light (Traffic)	Left
STAD	Stadium	Standard
L	Left	Lane (Merge)
PARK	Parking	Park
RED	Reduce	Red
POLL	Pollution (Index)	Poll
FDR	Feeder	Federal
LOC	Local	Location
TEMP	Temporary	Temperature
CLRS	Clears	Color

RECORD SHOP DRAWING TRANSMITTAL

Date _____

TO: _____

FROM: _____

(Final Review Office)

PROJECT NAME _____

FINANCIAL PROJECT ID _____

FEDERAL AID PROJECT NO. _____

CONTRACT ID NUMBER _____

COUNTY (SECTION) _____

STATE ROAD NUMBER _____

BRIDGE NUMBER _____

CONTRACTOR _____

ENGINEER OF RECORD _____

We are transmitting herewith the following Record Shop Drawings for archiving:

1. _____
2. _____
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(Date)

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