



Florida Department of Transportation

RICK SCOTT
GOVERNOR

1000 NW 111th Avenue
Miami, Florida 33172

ANANTH PRASAD, P.E.
SECRETARY

MEMORANDUM

Date :
To : Ana Alvarez, District Six Federal Aid Coordinator
From : Barbara Espino-Perez, District Construction Manager/Construction LAP Coordinator
Copies : Mark Croft, District Construction Engineer, [Design PM], [District Lap Administrator],
Roosevelt Petithomme, State LAP Administrator, [Agency Contact]
Subject : AGENCY NAME
PROJECT DESCRIPTION
PROJECT FINAL ACCEPTANCE
FM No.:
FAP No.:
FDOT Contract No.:
Contractor:

Attached please find the following documents indicating that the project has been completed, accepted and in substantial completion with federal requirements:

- LAP Record of Final Plans and Documents
- Final Invoice with Project Certification
- Local Agency Program Final Inspection and Acceptance of Federal-Aid Project
- Final Material Certification

Any pending invoices may be processed and accepted accordingly. Should you have any questions, please feel free to contact my office at (305) 640-7405.

State of Florida Department of Transportation
District Six Construction
1000 N.W. 111th Avenue
Miami, Florida 33172

Attention: Barbara Espino-Perez, FDOT District Construction Manager/Construction LAP Coordinator

Memo with Agency Letterhead

Date:

To: Barbara Espino-Perez, District Construction Manager/Construction LAP Coordinator

From: (Manager in charge, Local Agency)

Copies:

Subject: FHWA Final Package Submittal

Federal-Aid Project Number:

Financial Project Number:

FDOT Contract Number:

Local Agency:

Project Description:

- _____ 1. LAP Record of Final Plans and Documents. (Form No. 525-010-47)
- _____ 2. Contract Time Sheet.
- _____ 3. Submit invoice, to include Final Construction Project Cost and Final Quantities.
- _____ 4. "Certification Disbursement of Previous Periodic Payment to Subcontractors" (Form 700-010-38)
- _____ 5. "Construction Compliance with Specifications and Plans." Final. (Form 700-020-02)
- _____ 6. Final Inspection and Acceptance of Federal Aid Project. (Form 525-010-42)
- _____ 7. Materials Certification (From Local for OFF System Projects, From State Materials Office if On System or Critical Project)
- _____ 8. Schedule of Values (For Design Build Only)
- _____ 9. Explanation of Liquidated Damages

If this is a resubmission, please state reason for update:

STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION
**LOCAL AGENCY PROGRAM (LAP) RECORD OF FINAL PLANS
 AND DOCUMENTATION**

525-010-47
 PRODUCTION SUPPORT
 01/12

PROJECT DESCRIPTION:				DBE PARTICIPATION %:				
FINANCIAL PROJECT ID:				CONTRACT NO.:				
FEDERAL AID PROJECT NO.(S):				ORIGINAL CONTRACTED COST: FINAL CONSTRUCTION COST:				
LOCAL AGENCY: PROJECT LOCATION: <input type="checkbox"/> ON SYSTEM <input type="checkbox"/> OFF SYSTEM <input type="checkbox"/> CRITICAL PROJECT				LETTING DATE: CONTRACT EXECUTION DATE:				
CONTRACTOR NAME:								
CEI:								
LOCAL AGENCY PROJECT ADMINISTRATOR/MANAGER:								
AS BUILTS RETAINED BY FDOT: <input type="checkbox"/>				AS BUILTS RETAINED BY LOCALS: <input type="checkbox"/>				
DATE CONTRACT TIME BEGAN:		DATE CONTRACT TIME END:		DATE WORK BEGAN:				
ORIGINAL CONTRACT DAYS:		FINAL CONTRACT DAYS:		LOCAL AGENCY FINAL ACCEPTANCE DATE:				
Change Order #	PARTICIPATION AMOUNT				TIME OVERRUNS/UNDERRUNS			
	LOCAL	STATE	FEDERAL	TOTAL		LOCAL AGENCY	STATE	FEDERAL
				\$0.00				
				\$0.00	Calendar Days Elapsed (used)			
				\$0.00	Calendar Days Underrun			
				\$0.00	Calendar Days Overrun			
				\$0.00	Liquidated Damages Calculation			
				\$0.00	Per Day Rate			
				\$0.00	No. of Days			
				\$0.00	Total Amount \$0.00			
				\$0.00	Were Liquidated Damages Assessed to the Contractor:	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
QUANTITY OVERRUNS/UNDERRUNS								
ITEM #	ITEM DESCRIPTION				ORIGINAL AMOUNT	FINAL AMOUNT	PERCENT CHANGE	

COUNTY/CITY ENGINEER OR DESIGNEE (PRINT NAME) _____ TITLE _____

SIGNATURE _____ DATE _____

The contract information contained on this form is based on the Local Agency's contract, not the LAP Agreement.

CONTRACT TIME

CONTRACT NUMBER _____

FINANCIAL PROJECT ID(S) _____

FED. AID PROJECT NUMBER(S) _____

CONTRACTOR(S) _____

FINAL ESTIMATE NUMBER(S) _____

DATES

CONTRACT EXECUTED _____ NOTICE TO BEGIN WORK _____

START OF CONTRACT TIME _____ START OF WORK _____

WORK SUSPENSIONS _____

CONDITIONAL ACCEPTANCE _____ FINAL ACCEPTANCE _____

	DAYS APPROVED	
	STATE	F.H.W.A.
1. NUMBER OF CALENDAR DAYS ALLOWED BY ORIGINAL CONTRACT		
2. CALENDAR DAYS GRANTED BY SUPPLEMENTAL AGREEMENT		
3. CALENDAR DAYS EXTENDED: WEATHER DELAYS BY LETTERS DATED:		
4. CALENDAR DAYS EXTENDED: OTHER/ARBITRATION		
5. TOTAL CALENDAR DAYS ALLOWABLE		
6. CALENDAR DAYS CHARGED		
7. CALENDAR DAYS UNDERRUN		
8. CALENDAR DAYS OVERRUN		

- CERTIFICATION -

I HEREBY CERTIFY THAT THE ABOVE DATES ARE, TO THE BEST OF MY KNOWLEDGE, TRUE AND CORRECT.

FINAL ESTIMATES ENGINEER

CERTIFICATION
DISBURSEMENT OF PREVIOUS PERIODIC PAYMENT TO SUBCONTRACTORS
(As required by Florida Transportation Code, Section 337.11, Subsection (11), F.S.)

FIN PROJ. I.D. _____

DATE _____
CONTRACT NO. _____
TO RELEASE MONTHLY PAYMENT FOR _____

_____, prime contractor for the above referenced contract, hereby certifies that all subcontractors, except for those noted below, having interest in this contract have received their pro rata share of all previous periodic payments made to date by the Department for all work, materials and equipment furnished under the contract. The term "subcontractor", as used herein, shall also include persons or firms furnishing materials, services or equipment incorporated into the work or stockpiled in the vicinity of the project for which partial payment has been made by the Department and work done under equipment-rental agreements.

EXCEPTION:

The following subcontractors have not been paid and a copy of the notification sent to each, explaining the good cause why payment has not been made, is attached to this form:

_____	_____
Subcontractor name	Subcontractor name
_____	_____
Street Address	Street Address
_____	_____
City State Zip	City State Zip

State of Florida
County of _____
Sworn to and subscribed before me this _____ day
of _____, _____, by _____
(Print name of person signing Certification)

A false statement or omission made in connection with this certification is sufficient cause for suspension, revocation, or denial of qualification to bid, and a determination of non-responsibility, and may subject the person and/or entity making the false statement to any and all civil and criminal penalties available pursuant to applicable Federal and State Law.

Notary Public

Commission Expires
Personally Known _____ OR Produced Identification _____
Type of Identification Produced _____

Contractor

By

Title

Instructions:

1. Attach copy of the notification good cause sent to each applicable subcontractor.
2. List the subcontractors which have not been paid the proportionate share of payments received by the contractor and the date listed as exception.
3. A separate certification is required for each contract.
4. To be signed by an officer or director of the Contractor with the authority to bind the Contractor and notarized.
5. To avoid delay in payment, certification must be submitted to the Project Engineer no later than the Friday before the monthly estimate cutoff date (generally the 3rd Sunday of the month).

STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION
**CONSTRUCTION COMPLIANCE WITH
SPECIFICATIONS AND PLANS**

700-020-02
CONSTRUCTION
11/11
Page 1 of 2

FIN PROJECT I.D.(s): _____

DATE: _____

CONTRACT NO.: _____

Monthly:

Final:

_____, Prime Contractor for the above referenced contract, hereby verifies based on personal knowledge or reasonable investigation and good faith belief, all Quality Control functions and Quality Control sampling and test results are in substantial compliance with the pertinent specification requirements and the approved Quality Control Plan for this project. This includes the input of test results into the Department's LIMS database within 24 hours of results being received. This represents work done between _____ and _____ . Exceptions to these requirements are listed below.

1) Item No.: _____
Exception: _____

2) Item No.: _____
Exception: _____

3) Item No.: _____
Exception: _____

4) Item No.: _____
Exception: _____

5) Item No.: _____
Exception: _____

6) Item No.: _____
Exception: _____

A false statement or omission made in connection with this certification is sufficient cause for suspension, revocation, or denial of qualification to bid, and a determination of non-responsibility, and may subject the person and/or entity making the false statement to any and all civil and criminal penalties available pursuant to applicable Federal and State Law.

State of Florida

County of _____

Sworn to and subscribed before me this _____ day

of _____, _____, by _____
(Print name of person signing Certification)

Notary Public

Commission Expires

Personally Known or Produced Identification

Type of Identification Produced _____

State of Florida

County of _____

Sworn to and subscribed before me this _____ day

of _____, _____, by _____
(Print name of person signing Certification)

Notary Public

Commission Expires

Personally Known or Produced Identification

Type of Identification Produced _____

Quality Control Manager

By

Company

Contractor

By

Title

STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION
**LOCAL AGENCY PROGRAM FINAL INSPECTION AND ACCEPTANCE OF
 FEDERAL- AID PROJECT**

525-010-42
 PRODUCTION SUPPORT
 01/08

INSTRUCTIONS: Local Agency to complete this form for each completed exempt project			
FEDERAL PROJECT NO.	FINANCIAL PROJECT NO.	CONTRACT NO.	
PROJECT TYPE (CHECK ONE) <input type="checkbox"/> NHS <input type="checkbox"/> NON-NHS			
DESCRIPTION OF IMPROVEMENT AS PROGRAMMED			
LOCAL AGENCY	LOCAL AGENCY	COUNTY	LAP AGREEMENT AMOUNT
		FINAL COMPLETION DATE	TOTAL PROJECT COST
	NOTICE OF FINAL INSPECTION AND ACCEPTANCE: I certify that this project has been completed in accordance with the terms of the Local Agency Program Agreement and constructed in accordance with the approved plans and specifications.		
	_____ COUNTY/CITY ENGINEER OR DESIGNEE (PRINT NAME) *	_____ TITLE	
	_____ SIGNATURE *	_____ DATE	
FDOT	INSPECTION DATE	INSPECTED BY	FINAL ACCEPTANCE DATE
	ACCEPTANCE: The above listed project has been completed by the Local Agency and accepted by the Department.		
	_____ DIST. CONST. ENGINEER OR DESIGNEE (PRINT NAME) *	_____ TITLE	
		_____ SIGNATURE *	_____ DATE
* Need a responsible charge Local Agency or Department employee's signature for Final Inspection or Final Acceptance. A non-Local Agency employee (i.e., consultants) cannot sign for Final Inspection or Final Acceptance.			

Distribution: Federal Aid Management Office (MS 21)
 Office of Comptroller, Federal Project Cost Section (MS42)
 FHWA Florida Division Office, Program Operations Engineer (MS 29)

Appendix 23.1423.14.4

SAMPLE LETTER MATERIALS CERTIFICATION LETTER

LOCAL AGENCY LETTERHEAD

Date

District Local Agency Program
Administrator
Department of Transportation
FDOT FIN.
Contract Name

Dear Sir:

The results of the tests used in the acceptance program indicate that the materials incorporated in the construction work, and the construction operations controlled by sampling and testing, were in conformity with the approved plans and specifications. Exceptions, if any, are attached.

Very truly yours,

(Director of Public Works)
(County Engineer)
(City Engineer)