



Minnesota Department of Transportation – Office of Finance

Delegated Contract Process Payment Request

County: **HENNEPIN** Project Type: **DCP**
 State Aid Project Number: **027-090-014** MAPS Contract Nbr: **FF611**
 Federal Project Number: **2709 046** Pay Request Nbr: **3**
 Local Project Number: Work Certified Through: **08/31/2010**

Page 1 of 5
 All pages of the payment details report should be sent with the payment request to the DSAE in Districts 2, 6, & 7

Must say "FINAL"

REQUEST FOR FINAL PAYMENT OF FEDERAL & BRIDGE BONDING/MISC APPROP FUNDS
 This is to certify that the costs for the above contract have been incurred for work performed by the contractor for the total construction costs due based on the information summarized below.
 I hereby request reimbursement of the following amounts.

Federal: **\$ 78,352.09** This is the Final FEDERAL reimbursement amount.

Remarks: Retainage must be set to ZERO - zero is the only amount accepted after clicking on the Final Payment box.

Work Certified Summary

Retainage Pct: 0.00 Retainage Amt: \$ 0.00
 Monetary Deductions /(Dis)Incentives Adjustment Amt – Prorated: \$ 0.00 Liquidated Damages – Prorated: \$ 0.00 Not Prorated: \$ 0.00

Cat #	Total Cert Amt
1	\$250,000.00
2	\$155,000.00
3	\$580,000.00
4	\$201,000.00
5	\$ 33,000.00
	\$1,219,000.00

PLUS

Must equal Work certified on the Final Voucher.

Mark ALL lines. Indicate those that do not apply.

I hereby certify that wage rates specified in the project contract equal or exceed the minimum hourly rates required for work on federal funded construction projects as determined by the MN Dept of Labor and Industry; materials used in the federal-aid and state funded portions of this project were sampled and tested in accordance with the Mn/DOT Schedule of Materials Control; inspection on the federal-aid and state funded portions of this project was performed by personnel certified in accordance with state-aid directives; the work required by this contract was completed in accordance with and pursuant to the terms of this contract; and payment and performance bonds for the full amount of the contract have been provided with aggregate liability of the bond(s) to twice the full amount of the contract.

Approved: _____ Date: _____ Phone: _____
 James Grube, County Engineer
 Recommended for Approval: _____ Date: _____
 District State Aid Engineer

Must be signed & dated.

Required Docs

Final Contract Voucher/Final Estimate	<input checked="" type="checkbox"/>
Certificate of Final Contract Acceptance	<input checked="" type="checkbox"/>
Materials Certification Exception Summary	<input checked="" type="checkbox"/>
Overrun Justification	<input checked="" type="checkbox"/>
Supplemental Agreements, if applicable	<input checked="" type="checkbox"/>
Change Orders, if applicable	<input checked="" type="checkbox"/> NA
State Aid Payment Request, if applicable	<input checked="" type="checkbox"/>
Final Inspection Report (Submitted by DSAE)	<input type="checkbox"/>

**Work Orders should only be sent if they support Overrun Justification, SAs, or COs.

Mail to: District State Aid Engineer Send to DSAE for approval.

Note: OR = Overrun Account
 R3eport ID: FCRBPaymentRequest v20100920

Print Date:

**DO NOT SUBMIT THIS PACKET IF IT IS INCOMPLETE!
 INCOMPLETE DOCUMENTATION WILL DELAY FINAL PAYMENT.**

Call Candy Harding at 651-366-4891 with questions on the payment process.
 Call Mark Channer at 651-366-3828 with questions regarding documentation.

FOLLOWING ARE LINKS TO, AND SAMPLES OF REQUIRED DOCUMENTS



Certificate of Final Contract Acceptance (doc)



STATE AID FOR LOCAL TRANSPORTATION
 CONTRACTOR CERTIFICATE OF FINAL CONTRACT ACCEPTANCE

Dec 2010
 Page 1 of 1

SP - -	Minn. Proj. No. ()
Project Location	
Local Agency	Local Project No.
Contractor	Contract No.
Total Value of Work for Voucher#	Original Contract Amount \$
	Final Contract Amount \$

The undersigned contractor does hereby certify that he/she has performed and completed all the work described in accordance with and pursuant to the terms of this contract, and does hereby accept the final voucher as being correct, full and completed and does make claim for final payment on this contract in accordance with the final voucher.

Contractor Signatures:

By: _____ Date: _____
 And: _____ Date: _____
 And: _____ Date: _____

Notarization is at the discretion of the Local Agency:

STATE OF MINNESOTA, County of _____

On this ____ day of _____, 20__, before me personally appeared

(Individual Acknowledgement)

_____ to me known to be the person who executed the foregoing acceptance and acknowledge that _____ executed the same as _____ free act and deed.

(Corporate Acknowledgement)

_____ and _____, to me personally known, who, being each by me duly sworn each did say that they are respectively the _____ and _____ of _____ Corporation named in the foregoing instrument, and that the seal affixed to said instrument is the Corporate seal of said Corporation and the said instrument was signed and sealed in behalf of said Corporation by authority of it's _____ and said _____ and _____ acknowledged said instrument to be the free act and deed of said Corporation.

Signature: _____

NOTORIAL SEAL

My Commission Expires: _____



STATE AID FOR LOCAL TRANSPORTATION
 DCP **FINAL** PAYMENT REQUEST **SAMPLE** PACKET

Materials Certification Exceptions Summary (doc)



STATE AID FOR LOCAL TRANSPORTATION
 MATERIALS CERTIFICATION EXCEPTIONS SUMMARY

Rev. July 2010
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SP - -	Minn. Proj. No. ()	Const. Year	Mn/DOT District
Project Location		Project Description	
Local Agency		Project Engineer/Supervisor	
Contractor			Contract No.

Materials and products used on project: *(check all that apply)*

Grading & Base Bituminous Concrete Aggregate Materials/Chemicals

Specialty	Exception Description	Resolution	Document Reference	Name/Initials

Approved by:

Independent Assurance Requirements Verified by:

Project Engineer _____ Date _____

District Materials Engineer _____ Date _____

ATTACH SUMMARY REPORTS OF SUPPLEMENTAL AGREEMENTS, CHANGE ORDERS and BACKSHEET ITEM EXCEPTIONS.

- No Independent Assurance Required
- Independent Assurance Not Completed
- Independent Assurance Completed Without Exceptions
- Independent Assurance Completed With Exceptions

Information regarding Independent Assurance is available in the District IA or Project Engineer files.

Distribution: Project Engineer (Original), District Materials Engineer (Copy), DSAE (copy with Final Payment Request)



Overrun Justification (doc)



STATE AID FOR LOCAL TRANSPORTATION
 OVERRUN JUSTIFICATION

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 Page 1 of 1

SP - -	Minn. Proj. No. ()	Overrun No.
Project Location		
Local Agency	Local Project No.	
Contractor	Contract No.	
Address/City/State/Zip		
Total Overrun Amount \$		

DESCRIPTION OF SITUATION AND JUSTIFICATION FOR OVERRUN:

Estimate Of Cost: <i>(include any increases or decreases in contract items, any negotiated or force account items.)</i>						
**Group/Funding Category	Item No.	Description	Unit	Unit Price	+ or - Quantity	+ or - Amount \$
Net Change						

***Group/Funding category is required for Federal Aid projects*

Approved by Project Engineer: _____ Date: _____

Print Name: _____ Phone: _____

Distribution: Project Engineer (Original), DSAE (copy for **funding review**)

DSA E Portion: The State of Minnesota is not a participant in this contract. Signature by the District State Aid Engineer is for **FUNDING PURPOSES ONLY** and for compliance with State and Federal Aid Rules/Policy. Eligibility does not guarantee funds will be available.

This work is eligible for: ___ Federal Funding ___ State Aid Funding ___ Local funds

District State Aid Engineer: _____ Date: _____



STATE AID FOR LOCAL TRANSPORTATION
 DCP **FINAL** PAYMENT REQUEST **SAMPLE PACKET**

State Aid Payment Request (xls), if applicable

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	AA	AB	AC	AD	AE	AF	AG	AH
1	Mn/DOT 30172 revised July 2009																																	
2	STATE AID PAYMENT REQUEST																																	
4	County/City	[]		Report:	Partial	Final	Proj Type:	SP	SAP	Project #:	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	
5	Bid Opening Date:	[]	Award Date:	[]	Tied Projects	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	
6	Local Proj. ID (opt)	[]	Bond Co.	[]	Contractor:	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	
7	Constr. Completed Date	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	
9	Project Funding: Funding below is for this project number only. Costs for projects or agreements tied to this project should not be included on this request. A separate State Aid Payment Request must be submitted for each project number. Final reports must include a final estimate detailing quantity, unit price and extension splits for each project number.																																	
13	-----Optional fields for County/Municipal Use-----																																	
14	Contract Costs (this SAP only)	Total Obligated	%	Amount	Less Previous	Payments	Pay at this time																											
15		Costs	Requested	Requested																														
16	FUND																																	
17	Municipal (MSAS > 5000)			\$ -		\$ -																												
18																																		
19	Regular (CSAH)			\$ -		\$ -																												
20																																		
21	Municipal (CSAH < 5000)			\$ -		\$ -																												
22																																		
23	Town Bridge			\$ -		\$ -																												
24																																		
25	Special Town Bridge			\$ -		\$ -																												
26																																		
27	Turnback			\$ -		\$ -																												
28																																		
29	State Park			\$ -		\$ -																												
30																																		
31	Disaster			\$ -		\$ -																												
32																																		
33	Other	[]		\$ -		\$ -																												
34		specify																																
35																																		
36	State Aid Bonds																																	
37																																		
38	Federal																																	
39																																		
40	Local																																	
41																																		
42	Credit for Local Effort																																	
43	(attach abstract detailing items)																																	
44																																		
45	BrBnd/Oth Bnd Prjgms	[]					\$ -																											
46		Acct#		Total Grant Amount		Certified & Paid To Date																												
47		Sub-Total	\$ -		\$ -		\$ -																											
49	Other Costs																																	
50	FUND	*Description	Total Oblig/Paid	%	Amount	Less Previous	Payments	Pay at this time																										
51				Requested	Requested																													
52					\$ -		\$ -																											
53																																		
54					\$ -		\$ -																											
55																																		
56					\$ -		\$ -																											
57																																		
58		TOTAL	\$ -		\$ -		\$ -																											
60	Remarks:																																	
61																																		
62	*Other Cost Description: Right-of-Way (ROW), Engineering (ENG)-Max 25%, Maintenance Facility (MF), Force Account (FA). FA includes work not performed by contractor such as work by city, county, or Mn/DOT forces, R/R or utility work, or agency furnished materials and must include a FA agreement.																																	
64	I certify that: (a) Engineering & ROW costs requested above are a reimbursement for costs incurred. (b) Wage rates specified in the contract were paid and are equal or exceed the minimum hourly rates required for work on state funded projects as determined by the MN Dept of Labor and Industry. (c) Inspection on the state-aid funded portions of this project was performed by personnel certified in accordance with state-aid directives. (d) Work required by this contract was completed in accordance with and pursuant to the terms of this contract. (e) Payment and performance bonds for the full amount of the contract have been provided with aggregate liability of the														I certify all costs are reasonable. For finals I accept all work performance was in compliance with the approved plans and specifications. DSAE signature for Maintenance Facilities is not required on this form; prior approval was received.																			
66															Approved by: District State Aid Engineer																			
67															/ /																			
68															Date																			
69																																		
70																																		
71																																		
72															/ /																			
73	Approved by: County/City Engineer														Date																			
74															Approved by: State Aid Finance																			
															Date																			