

## AGREEMENT / MOU REQUEST CHECKLIST

The Agreement Division needs the following information, *prior to the Agreements Division sending this request to the Deputy Administrator for approval*, in order to prepare an Agreement or MOU.

1. Contract Numbers:  
 MDOT SHA: \_\_\_\_\_ FHWA: \_\_\_\_\_  
 County / Town: \_\_\_\_\_ FMIS No.: \_\_\_\_\_  
**(ALL REQUESTS MUST HAVE A VALID CHARGE NUMBER FOR AGREEMENT PERSONEL USE)**

2. Dates for the following:  
 Advertisement: \_\_\_\_\_ Bid Opening: \_\_\_\_\_ Draft Required YES: \_\_\_\_\_ NO: \_\_\_\_\_  
 Notice to Proceed: \_\_\_\_\_ Estimated Completion Date: \_\_\_\_\_  
**When Agreement/MOU is needed:** \_\_\_\_\_

3. Are there other milestones that will govern the timeliness of this agreement or that should be placed in the agreement, other than the dates listed in No. 2 above?  YES  NO If yes, explain.

4. What is the justification for entering into this agreement with the other parties?

5. Contact(s) for other parties:

First Name: _____	Last Name: _____
Office _____	Title: _____
Address _____	
City: _____	State: _____ Zip: _____
Phone _____	FAX: _____
First Name: _____	Last Name: _____
Office _____	Title: _____
Address _____	
City: _____	State: _____ Zip: _____
Phone _____	FAX: _____

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6. Description of total project: see Highway Location Reference  
-Include mile point information (00.000 format) and description below

-description of work under agreement:

-description by party (*be specific*):

-exhibits:

- 7 Is this a lump sum contribution by the third party?  YES  NO.  
If YES, amount and phase to be applied: \_\_\_\_\_
8. Designs? \_\_\_\_\_  
Have other parties been advised of their cost of design?  YES  NO  
-Design cost by party: \_\_\_\_\_
- 9 Any right-of-way required?  YES  NO Who acquires? \_\_\_\_\_  
-Who funds acquisition? \_\_\_\_\_  
Who will own? \_\_\_\_\_  
-R/W costs by party: \_\_\_\_\_
10. -Who advertises, administers the bid, and awards? \_\_\_\_\_  
Who constructs? \_\_\_\_\_  
Who funds construction? \_\_\_\_\_  
-Construction cost by Party: \_\_\_\_\_
11. Utility Relocations necessary?  YES  NO Who Designs? \_\_\_\_\_  
-Will there be Betterments? \_\_\_\_\_  
-Has the Utilities Team in the Office of Construction been notified?  YES  NO  
-Has the Prior Rights process been started?  YES  NO If Yes, Status?: \_\_\_\_\_
12. Is there an Access Permit involved?  YES  NO  
-Has it been applied for and/or obtained?  YES  NO Permit Number? \_\_\_\_\_

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- 13. Have other parties been advised that their estimated cost **must** include MDOT SHA's direct salaries, payroll burden and overhead? YES NO (***THIS AGREEMENT DOES NOT SERVE AS NOTICE***)  
(PLEASE USE [PROJECT COST ESTIMATOR](#) OR [NOISE WALL COST ESTIMATOR](#) AS APROPRIATE [Bill: Need Hyperlink(s) check above])
- 14. Have other parties been advised as to the need to **provide security** for their funding obligations, in a manner acceptable to MDOT SHA? (150% of total funding obligation) (local governments via Highway User Revenue Funds). YES NO (***THIS AGREEMENT DOES NOT SERVE AS NOTICE***)
- 15. Have other parties been advised that they **will participate** in Extra Work Orders (EWOs) and delay claims that may be attributed to their portion of the work? YES NO (***THIS AGREEMENT DOES NOT SERVE AS NOTICE***)
- 16. Is there a possibility of transferring roads to other party (county, city, or town), if so, have the other parties agreed and what are the limits? YES NO
- 17. Who will own and maintain the project once it is constructed? \_\_\_\_\_
- 18. Originating RC is to have responsibility for Form 30, invoice approvals, invoice data entries, etc.  
(***Please attach documents listed below if funding is part of agreement***)
  - Form 30/42 - Screenshot of Form 30 / 42  Initialized Request (for third party funding);  W-9 for third party
  - Federal Aid Project Agreement Approval Letter
  - MDOT Fund Certification
- 19. OTHER INFORMATION: \_\_\_\_\_
- 20. PREPARED BY: \_\_\_\_\_  
TITLE: \_\_\_\_\_  
OFFICE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
PHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_
- 21. MDOT SHA PROJECT MANAGER: \_\_\_\_\_  
TITLE: \_\_\_\_\_  
OFFICE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ ROOM NO.: \_\_\_\_\_  
PHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

***(THE SCHEDULE FOR DRAFTING OF ANY AGREEMENT IS CONTINGENT UPON THE RECEIPT OF CLEAR, CONCISE INFORMATION)***

***NOTES: If a valid charge number is not available, please include a division charge number until project number is established. If costs are to be reimbursed by a 3<sup>rd</sup> party, no Agreement/MOU will be circulated for review until costs are made available. In the event of drastic costs increases, the draft MOU will need to be circulated internal to various offices for approval of fund increases.***