



#### **Caltrans Local Assistance**

## RESIDENT ENGINEER ACADEMY

# Module 14 Project Completion

## **Project Completion Objectives**

#### Be able to:

- Perform a Final Inspection
- Know When to Release Final Retention to Contractor
- Know When to Submit As-Built Plans
- Assemble a <u>Federal Report of Expenditures</u> (<u>LAPM Chapter 17</u>)
- Understand the Consequences of Non-Compliance

#### **Project Completion**

## Local Assistance Procedures Manual (<u>LAPM</u>) Exhibits

- 5-A Local Agency Invoice
- 15-M Detail Estimate & Summary
- 17-A Cover Letter & Federal Report of Expenditures Checklist
- 17-C Final Inspection Form
- 17-E Sample Change Order Summary
- 17-F Final Report Utilization of DBE & First Tier Subcontractors
- 17-G Materials Certificate
- 17-H Cover Letter & Final Report of Expenditures Checklist (PE only)
- 17-I Cover Letter for Report of Completion Structures
- 17-J Report of Completion of Structures on Local Streets & Roads
- 17-K Sample Report of Completion of Right of Way
- 17-L Sample Report of Expenditures for Force Account Projects
- 17-M Final Project Expenditure Report
- 17-O DBE Certification Status Change

## **Perform Final Inspection**

#### **All Federal-aid Projects**

#### Resident Engineer must perform final inspection:

- Document fulfillment of Environmental Mitigation Commitments (use Environmental Commitment Record)
- Develop a punch list
- Verify corrective actions completed by Contractor
- Complete Items 1-10 of the Final Inspection Form (Exh. 17-C)
- Submit form to the Caltrans DLAE

# Final Inspection Form LAPM Form Exhibit 17-C

14.1 Handout - pg. 2

Local Assistance Procedures Manual EXHIBIT 17-C
Final Inspection Form

#### EXHIBIT 17-C FINAL INSPECTION FORM

INSTRUCTIONS: Local agency is to complete Items 1-10. DLAE completes Items 11-13 and submits original plus two (2) copies to the Division of Local Assistance.

| 1. PROJECT NO.:              | 2. DIST-CO-RTE-AGENCY:   |                | 3. COMPLETION DATE:  |
|------------------------------|--|----------------|--|
| 4. LOCATION OF IMPROVEM      | ENTS AS PROGRAMMED:  |                |  |
| 5. TYPE OF WORK:             |  |                |  |
| 6. CONTRACTOR'S NAME:        |  |                | 7. CONTRACT AMOUNT:  |
| 8. DATE OF CONTRACT ACC      | EPTANCE:   |                |  |
|                              | above listed project was completed a<br>d in compliance with all state and fed |                | pection has been made. The project was ents.   |
| (Check appropriate box)      |  |                |  |
|                              | and not subject to FHWA oversight<br>High Priority project. FHWA Fina          |                |  |
|                              | NATURE (Local Agency Rep):   |                | DATE:  |
| 10. REMARKS:                 | LE:  |                |  |
| IV. ILIVIAIND.               |  |                |  |
| 11. DISTRICT REVIEW MADE     | BY (print name):   | 12. DATE O     | DF PROJECT REVIEW:   |
| Invoice included in the Repo | rt of Expenditures. The person lister<br>th the scope and description of the p | l above has re | approval to pay costs shown in the Final<br>viewed the job site and found the project<br>ration document and in reasonable |
| SIGNATURE:                   |  | DA             | TE:  |
| District Local Assi          | stance Engineer/ Oversight Engineer  |                |  |
|                              |  |                |  |
|                              |  |                |  |

Distribution: (1) Local Agency - Retain a copy

## **Perform Final Inspection**

## District Local Assist. Engineers performs project verification:

- Reviews the job site
- Verifies construction per scope and description
- Completes Items 11-13 (<u>Exh. 17-C</u>) and signs
- Provides signed copy to agency

#### Release Final Retention

#### **Contractor has fulfilled Contract:**

- All physical work including punch list is completed and accepted by Owner
- All certified payrolls are submitted /accepted
- Contractor submits and Owner approves

**EXHIBIT 17-F** FINAL REPORT - UTILIZATION OF DISADVANTAGED BUSINESS ENTERPRISES (DBE) AND FIRST-TIER SUBCONTRACTORS

Any other outstanding issues are resolved

17-F is being updated and will be announced 2025

#### **Submit As-Built Plans**

#### Complete and Submit to DLAE

☐ On State Highway System:

Submit full set of As-Built Plans

☐ Off State Highway System:

Submit Structure As-Built Plans Only

#### **Submit As-Built Plans**

#### Caltrans Structure Maintenance and Investigations:

- Performs bridge inspections
- Makes repair recommendations
- Determines load capacity
  - ☐ 12,000 State Highway Bridges
  - ☐ 12,200 Local Agency Bridges

#### **Submit As-Built Plans**

## Complete and Submit to District Local Assistance Engineer (DLAE):

- Structure "As Builts" to DLAE
   <u>Must</u> be made by the engineer responsible for the Structures work
- 2. Cover Letter for Report of Completion of Structures (Exh. 17-I)
- Report of Completion of Structures (<u>Exh. 17-J</u>)

#### Exhibit 17-I: Sample Cover Letter for Report of Completion of Structures

|   | Type of Fun                     | aing                        |
|---|---------------------------------|-----------------------------|
|   | Dist - Co                       | Rte.                        |
|   | State Contrac                   | t No.                       |
|   | Fed. Project                    | t No.                       |
|   |                                 | Date                        |
| Chief, Office of Structures Ma<br>Caltrans Engineering Service<br>P. O. Box 942874<br>Sacramento, CA 94274-0001 |                                 |                             |
| Attn:   | , Structures Local Assistance   |                             |
| Submitted herewith is the REP<br>ROADS for the structures lister  |                                 | CTURES ON LOCAL STREETS AND |
| Bridge Name<br>(feature intersected)  | Road Name<br>(facility carried) | State Bridge No.            |
|   | Contractor                      |                             |
|   | Bridge Resident Engin           | eer                         |

Distribution: (1) Original plus one copy to DLAE included in the Report of Expenditures (original forwarded to Division of Structures,

Office of External Liaison and Agreements)

(2) Copy-retained by local agency

Page 1 of 1 August 2021

# Cover Letter Report of Completion of Structures

**Exhibit 17-I** 

14.1 Handout - pg. 3

#### REPORT OF COMPLETION OF STRUCTURES ON LOCAL STREETS AND ROADS

|    | -      |       |      |     | *** |     |
|----|--------|-------|------|-----|-----|-----|
| Α. | Descri | ption | of B | ndg | e W | OIK |

| В. | Contract Chronology          |
|----|------------------------------|
|    | Structure Work Completed on: |

#### C. Final Photographs

Attach two photographs of completed structure, side view and roadway view. Photographs should show pertinent features both over and under the bridge i.e. channel profile, roadways, railroads etc.

Include an 8 1/2 X 11" reproduction of the work location site map.

#### E. <u>Attachments</u>

- As Built Plans.
- 2. Stream Flow record (high water during construction).
- Shop plan microfilms, pre-stress, structural steel, pumping plants, movable bridges.

#### Report of **Completion** of Structures on **Local Streets and** Roads

**LAPM Form** Exhibit 17-J

14.1 Handout - pg. 4

Distribution: (1)Original plus one copy to DLAE included in the Report of Expenditures (original forwarded to Division of Structures, Office of External Liaison and Agreements)

"Report of Expenditure" =

## Collection of Final Project Report Documents Required for Federal-Aid Projects

- Agency submits to DLAE
- Within 6 months after project completion
- Signed by Person in Responsible Charge
- DLAE reviews and forwards to Local Program Accounting (LPA) for processing

#### Report of Expenditures must include:

- 1. Cover Letter and Federal Report of Expenditures Checklist (Exh. 17-A being updated 2025)
- 2. Final Inspection Forms (Exh. 17-C)
- 3. Final Detailed Estimate (Exhibit 15-M) No longer a requirement as part of the FROE package, confirm with CT local engineer
- 4. Final Invoice Package
- 5. Change Order Summary
- 6. Final Report of DBE Utilization (Exh. 17-F)
- 7. DBE Status Change (Exh. 17-O)
- 8. Materials Certificate (Exh. 17-G)
- 9. Cover Letter and Structures Completion (Exh. 17-I and 17-J)
- 10. Report of Completion Right of Way Expenditures (Exh. 17-K)

#### 1. Cover Letter & **Federal Report of Expenditures Checklist**

**LAPM Form** Exhibit 17-A

14.1 Handout - pg. 5-7

| Exhibit 17-A<br>Sample Cover Letter and Federal Report of Expenditures Checklis |
|---|
| ederal Report of Expenditures Checklist<br>ncy Letterhead]                      |
| Federal Project No:   |
|   |
|   |
|   |
|   |
| EXPENDITURES  |
| RDED CONTRACT   |
|   |
|   |
|   |
|   |
|   |
| Sincerely,  |
| Local Agency Representative   |
| Reviewedby:   |
| District Local Assistance Engineer  |
| District Local Assistance Enginee   |
| e r   |

# 1. Cover Letter & Federal Report of Expenditures Checklist

# LAPM Form Exhibit 17-A (continued)

#### SAMPLE COVER LETTER (Continued)

Federal Project No.: STPL-5920(001)

#### Description of Project

The work done consisted, in general, of asphalt concrete overlays on Sawpit Avenue, asphalt concrete replacement, cold planning performed, and shoulder backing and pavement markers and metal beam guardrail installed. Other misc. items and details shown in the project plans, Standard Specifications, and Special Provisions.

#### Contract Chronology:

| 1.  | Bids Opened   | 03/30/2023 |
|-----|---|------------|
| 2.  | Contract Approved by local agency                         | 04/27/2023 |
| 3.  | First chargeable working day                              | 05/22/2023 |
| 4.  | Contract Time (Working Days)                              | 40         |
| 5.  | Unworkable Days - weather                                 | 0          |
| 6.  | Time Extensions - CCOs                                    | 0          |
| 7.  | Time Extensions - other                                   | 0          |
| 8.  | Number of working days suspended                          | 0          |
| 9.  | Extended Date of Completion                               | 07/31/2023 |
| 10. | Date work accepted by Resident Engineer                   | 09/21/2023 |
| 11. | Liquidated damage days charged (calendar or working days) | 0          |
| 12. | Date accepted by implementing agency's governing board    | 09/21/2023 |

# 1. Cover Letter & Federal Report of Expenditures Checklist

## LAPM Form Exhibit 17-A

(continued)

#### Note:

"Final Detail Estimate & Detail Estimate Summary (See Exhibit 15-M)" is being eliminated in 2025.

| <b>FEDERAL</b> | .REPORT | OF EXP | ENDITURES | CHECKLIST |
|----------------|---------|--------|-----------|-----------|
|----------------|---------|--------|-----------|-----------|

| Federal I  | Project Number:  |
|------------|--|
| Project N  | Name:  |
| Project L  | ocation:   |
|            | Final Inspection of Federal-aid Project (See Exhibit 17-B for FHWA High Profile projects) or Local Agency Final Inspection Form (See Exhibit 17-C for Delegated projects; utilized for the majority of projects) |
|            | Final Invoice (see LAPM 5-A)   |
|            | Final Detail Estimate and Detail Estimate Summary (See Exhibit 15-M)   |
|            | Change Order Summary (See Exhibit 17-E)  |
|            | Statement of the existence or absence of liquidated damages and/or contractor's claims (See Exhibit 17-E)  |
|            | Date of completion:  |
|            | Date of acceptance:  |
|            | Final Report-Utilization of Disadvantaged Business Enterprise(DBE), First-Tier Subcontractors (See Exhibit 17-F)   |
|            | Final Report- Utilization of Disadvantaged Business Enterprise(DBE) for On-Call Contracts (See Exhibit 17-F1)  |
|            | Materials Certificate (Exhibit 17-G)   |
|            | Report of Completion of Structure(two copies) - must include one set of "As Built" Plans * (See Exhibit17-I and Exhibit 17-J)  |
|            | Disadvantaged Business Enterprises(DBE) Certification Status Change (Exhibit 17-0)   |
|            | Report of Completion of Right of Way (Exhibit 17-K) for Projects with R/W Acquisition  |
| Note: A    | single submittal of all these documents will facilitate timely project closure.  |
|            | ional documents required on bridge/major structural project or projects which meet specified tions (described under Reports at Completion of Contract). Send Original copy to structures.                        |
|            |  |
| Distributi | ion: (All projects): (1) Original Report of Expenditures (2) Local Agency project files  |

- 2. Final Inspection Forms (Exh. 17-C)
- 3. Final Detailed Estimate (Exh. 15-M)
  - Total of previous progress payments plus the final invoice
  - Prepared only after claims are resolved
  - Must agree with the Final Invoice

#### 4. Final Invoice Package

- Must conform to format(s) and requirements of LAPM Chapter 5 and agree with Final Detailed Estimate
- Must include RBI (Risk-Based Invoicing)
   Local Agency Invoice Review Checklist and Project Cost Summaries conforming to LAPM Chapter 5

4. Final Invoice Package (continued)

Per Chapter 5: What may be reimbursable?

- Construction Engineering Costs, if listed on the "Authorization to Proceed".
   Salaries and wages, related to:
  - Supervising and inspecting construction activities
  - □ Staking
  - ☐ Testing material
  - ☐ Checking shop drawings
  - ☐ Preparation of pay estimates, etc.

#### 4. Final Invoice Package (continued)

Per Chapter 5: What may be reimbursable?

#### Construction Costs

- ☐ Actual costs to construct the facility
- □ Removal, adjustment or demolition of buildings/structures
- ☐ Utilities or railroad work that is a part of the physical construction of the project

#### Administrative Settlement Costs:

☐ Related to the review and defense of claims

All costs must be broken down into eligible direct and/or indirect cost components.

# 4. Federal-Aid Final Invoice Page 1 LAPM Chapter 5 Exhibits 5-A (Rev 09/2023)

Project closeout requires submittal of the Final Invoice and related exhibits. For specifics, refer to the LAPM or contact your District Local Assistance Engineer.

#### FINAL CLOSEOUT PACKAGES:

- One (1) Original Invoice (1) dated, signed (blue ink)
   printed on agency letterhead, formatted as required:
   <u>HTTPS://DOT.CA.GOV/PROGRAMS/LOCAL-ASSISTANCE-PROCEDURES-MANUAL-FORMS</u>
- Two (2) copies of Invoice (or as directed by DLAE)
- Two (2) Exhibit 5-J Local Agency Invoice Review Checklist
- Two (2) Exhibit Project Expense Summary(ies)
  - Support expense summary (i.e., PE, CE, ROW E&A)
  - Capital expense summary (CON and ROW Acquisition)
- Final Report of Expenditures, etc..., as noted per LAPM

#### MAIL INVOICE PACKAGE TO:

District DLAE, Caltrans Local Assistance (address particular to your agency's District Local Assistance office)

| STATE OF CALIFORNIA • DEPARTMENT C                                | F TRANSPORTATION      | 1                       | Instructions   | Reset Form | Print Invoice   |
|---|-----------------------|-------------------------|----------------|------------|-----------------|
| DOT LAPM 5-A (REV 09/2023)  |                       |                         |                | Ві         | lling No:       |
|   |                       | SECTION 1: INVOICE      |                |            |                 |
| Local Agency Name   | Remitta               | ance Address            |                |            | Tax ID          |
|   |                       |                         |                |            |                 |
| Date Caltrans District Fed  | leral/State Proj. No. | Advantage Project ID Ir | nvoice No.     |            | Final Inactive  |
| •   |                       |                         |                |            | Invoice Project |
| Project Description   |                       |                         |                |            | PED (Federal)   |
| ,   |                       |                         |                |            | , (,,           |
|   |                       |                         |                |            |                 |
| Fund Federal  | Authorized            | □ PA&ED □ R/V           | N R/W Eng      | ⊠ CE       | □ NI            |
| Type(s): State  |                       | ☑ PE ☐ R/V              | N Util R/W Acq | CON        | FA              |
|   | , ,                   | □ PS&E                  |                | :Femilt    |                 |
|   | Preliminary           | Construction            | •              |            |                 |
|   | Engineering           | Engineering E           | Construction   | Total      |                 |
| Federal Authorization Date:                                       |                       |                         |                |            |                 |
| Federal Appropriation Code:                                       |                       |                         |                |            |                 |
| Participating Cost From:  |                       |                         |                |            |                 |
| Participating Cost To:  |                       |                         |                |            |                 |
|   |                       |                         |                |            |                 |
|   |                       |                         |                |            |                 |
| Total Indirect Cost to Date:                                      | \$                    | \$ \$                   | \$             | 0.00       |                 |
| Total Direct Cost to Date:  | \$                    | \$                      | \$             | 0.00       |                 |
| Total Cost to Date:   | \$ 0.00               |                         | 0.00 \$        | 0.00       |                 |
| Less: Non-Participating Cost to Date                              | \$                    | \$ \$                   | \$             | 0.00       |                 |
| : Other   |                       | \$ \$                   | \$             | 0.00       |                 |
| : Other   | \$                    | \$ \$                   | \$             | 0.00       |                 |
| Total Participating Cost to Date:                                 | \$ 0.00               | 0.00 \$                 | 0.00 \$        | 0.00       |                 |
| Federal Reimbursement Ratio: Federal Reimbursable Amount to Date: | £ 0.00                | 0.00                    | 0.00           | 0.00       |                 |
| Less: Total Amt. Paid on All Prev. Invoices                       | \$ 0.00               | <u> </u>                | 0.00 \$        | 0.00       |                 |
| Federal Reimbursable Amount this Invoices                         | \$ 0.00               | \$ 0.00 \$              | 0.00 \$        | 0.00       |                 |
| Less: State Withheld Retention                                    | \$ 0.00               | \$ 0.00 \$              | 0.00\$         | 0.00       |                 |
| : Amount Exceeding Authorized Fund                                | \$                    | \$ \$                   | \$             | 0.00       |                 |
| : Other   | \$                    | \$ \$                   | \$             | 0.00       |                 |
| Amount of This Claim:   | \$ 0.00               |                         | 0.00 \$        | 0.00       |                 |
| TOTAL INVOICE AMOUNT:   | 0.00                  | 0.00 \$                 | \$             | 0.00       |                 |
|   |                       |                         | ¥              | 0.00       |                 |
| Refer to your Finance Letter                                      |                       |                         |                |            |                 |
| Authorized Federal Fund Amount:                                   | \$                    | \$ \$                   | \$             | 0.00       |                 |
| Less: Total Amt. Paid on All Prev. Invoices                       | \$                    | \$ \$                   | \$             | 0.00       |                 |
| Funds Remaining Prior to this Claim:                              | \$ 0.00               |                         | 0.00 \$        | 0.00       |                 |

Send Final Invoice packets only to District Local Assistance Engineer

#### 4. Federal-Aid Final Invoice Supporting Documents

LAPM Chapter 5
Exhibit 5-A

(for Final Invoices)



#### 5. Change Order Summary

- List must conform to sample form Exh. 17-E
- If no CCOs written, write "none"
- Include following additional information:
  - ☐ <u>Liquidated Damages</u>:
    - √ Number of LD days
    - ✓ Amount per day
    - ✓ Total amount LD charged
    - ✓ If no LDs charged, note "none"
  - Contractor's Claims
    - ✓ If no contractor's claims, note "none"
  - Date of acceptance

## 5. Change Order Summary

LAPM Form Exhibit 17-E

14.1 Handout - pg. 8

| ocal Assista               | nce Proc | edures Manual                              |                          |                         | Sample Change                          | Exhibit 17-E<br>e Order Summary |
|----------------------------|----------|--|--------------------------|-------------------------|--|---------------------------------|
|                            |          | Federa                                     | al Project Number        | ri                      |  |                                 |
|                            |          | SAI  | MPLE CHANGE O            | RDER SUMMAR             | •                                      |                                 |
| Change Bi<br>Order No. Ite |          | Brief<br>Description                       | Contract<br>Item Price * | Amount<br>Participating | Amount<br>Expenditure<br>Extra Work ** | Amount<br>Participating         |
|                            |          |  |                          |                         |  |                                 |
|                            |          |  |                          |                         |  |                                 |
|                            |          |  |                          |                         |  |                                 |
|                            | <u> </u> |  |                          |                         |  |                                 |
|                            |          |  |                          |                         |  |                                 |
|                            |          |  | \$ 0.00                  | \$ 0.00                 | \$ 0.00                                | \$ 0.00                         |
|                            | Damage:  | as extra work is to l                      | -                        | ipplemental exper       | diture on the final                    | Detail Estimate.                |
| Date of acc                |          |  |                          |                         |  |                                 |
|                            |          | e included at Bid F<br>nent under force ac |                          |                         |  |                                 |
| Distributio                |          | iginal - included in                       |                          |                         |  |                                 |
|                            |          |  |                          |                         |  |                                 |

6. Final Report
Utilization of
Disadvantaged
Business
Enterprises
(DBE)

LAPM Form Exh. 17-F

| 6. Business Address 7. Final Contract Amount 3. Contract Item Number 9. Description of Work, Service, or Materials Supplied 10. Company Name and Business Address 11. DBE Certification Number 12. Contract Payments 13. Date Work Completed Pay  14. DBE Work Completed Pay  15. ORIGINAL DBE COMMITMENT AMOUNT 15. ORIGINAL DBE comments on an additional page. List actual amount paid to each entity. If no subcontractor/subconsulants were used on the contract, indicate on the form.  16. Contractor/Consultant Representative's Signature 18. Contractor/Consultant Representative's Name 19. Phone 20. Date   | ocal Assi  | stance Procedures Manual   |                     |  | oort-Utilization o                               |  |                       |                    |                    |                  |
|--|--|--|---------------------|--|--|--|-----------------------|--------------------|--------------------|------------------|
| 5. Contractor/Consultant  6. Business Address  7. Final Contract Amount  8. Contract liter Number  9. Description of Work, Service, or Materials Supplied  10. Company Name and Business Address  11. DBE Certification Number  11. DBE DBE  Work Completed  13. Date Work Completed  Pay  14. D  Final Contract Amount  15. ORIGINAL DBE COMMITMENT AMOUNT  5. CRIGINAL DBE COMMITMENT AMOUNT  6. Business Address  16. TOTAL  17. Contractor/Consultant Representative's name used on the contract, indicate on the form.  17. Contractor/Consultant Representative's Name  19. Phone  20. Date  10. Certification Montrored  10. Contractor/Consultant Representative's Name  19. Phone  20. Date  |  | EXHIBIT 17-F: FINAL RE   | port-utiliza        | ition of Disadvantaged   | Business Er                                      | iterprises (D                                  | BE) and Fir           | st-Her Su          | bcontractors       | •                |
| 8. Contract literal supplied Business Address Certification Number DBE DBE Work Completed Pay Materials Supplied Business Address Certification Number DBE DBE Work Completed Pay DBE DBE Supplied Pay DBE Supplied Pay DBE DBE Supplied Pay DBE DBE Supplied Pay DBE  | 1. Local Ager  | ncy Contract Number  | 2. Federal-Aid      | I Project Number   | 3. Local Agenc                                   | 1  |                       |                    | 4. Contract Acc    | ceptance Date    |
| tem Materials Supplied Business Address Certification Number Non-DBE DBE Completed Payl  Work Completed Payl  Work Completed Payl  DBE Completed Payl  To Receive the Complete Payl  To Rece | . Contractor   | /Consultant  | 1                   | 6. Business Address  |  |  |                       | 7. Final Con       | tract Amount       |                  |
| Number Materials Supplied Business Address Certification Non-DBE DBE Completed Pay  Materials Supplied Business Address Certification Non-DBE DBE Completed Pay  In a complete Pay  It is a complete Pay  It is a contractor is unconsultant and DBEs regardless of tier whether or not the firms were originally listed for goal credit. If actual DBE utilication (or item of work) was different than that approved at the time word, provide comments on an additional page. List actual amount pad to each entity. If no subcontractor is were used on the contract, indicate on the form.  It certifies the subcontractor is unconsultant and DBEs regardless of tier whether or not the firms were originally listed for goal credit. If actual DBE utilication (or item of work) was different than that approved at the time word, provide comments on an additional page. List actual amount pad to each entity. If no subcontractor is were used on the contract, indicate on the form.  It certifies the contractor is subcontractor is subcontractor in the firms.  It certifies that the contractor is not the firms were originally listed for goal credit. If actual DBE utilication (or item of work) was different than that approved at the time word, provide comments on an additional page, List actual amount pad to each entity. If no subcontractor is were used on the contract, indicate on the form.  It certifies that the contractor is not the firms were originally listed for goal credit. If actual DBE utilication (or item of work) was different than that approved at the time word, provide comments on an additional page. List actual amount pad to each entity. If no subcontractor is uncontractor is uncontractor is uncontractor is uncontractor in the firms were originally listed for goal credit. If actual DBE utilication (or item of work) was different than that approved at the time of the firms were originally listed for goal credit. If actual DBE utilication (or item of work) was different than that approved at the time of the firms were originally listed  |  | Description of Work Sensite  | co or               | 10. Company Name at  | nd.  |  | 12. Contrac           | t Payments         |                    | 14. Date of      |
| is tall first-tier subcontractors/subconsultants and DBEs regardless of tier whether or not the firms were originally listed for goal credit. If actual DBE utilization (or item of work) was different than that approved at the time ward, provide comments on an additional page. List actual amount paid to each entity. If no subcontractors/subconsultants were used on the contract, indicate on the form.  I CERTIFY THAT THE ABOVE INFORMATION IS COMPLETE AND CORRECT  17. Contractori/Consultant Representative's Signature  18. Contractori/Consultant Representative's Name  19. Phone  20. Date  I CERTIFY THAT THE CONTRACTING RECORDS AND ON-SITE PERFORMANCE OF THE DBE(S) HAVE BEEN MONITORED  |  | Materials Supplied   | ce, or              | Business Address   | iu   |  | Non-DBE               | DBE                |                    | Final<br>Payment |
| is all first-lier subcontractors/subconsultants and DBEs regardless of tier whether or not the firms were originally listed for goal credit. If actual DBE utilization (or item of work) was different than that approved at the time ward, provide comments on an additional page. List actual amount paid to each entity. If no subcontractors/subconsultants were used on the contract, indicate on the form.  I CERTIFY THAT THE ABOVE INFORMATION IS COMPLETE AND CORRECT  7. Contractori/Consultant Representative's Signature  18. Contractori/Consultant Representative's Name  19. Phone  20. Date  I CERTIFY THAT THE CONTRACTING RECORDS AND ON-SITE PERFORMANCE OF THE DBE(S) HAVE BEEN MONITORED  |  |  |                     |  |  |  |                       |                    |                    |                  |
| is all first-lier subcontractors/subconsultants and DBEs regardless of tier whether or not the firms were originally listed for goal credit. If actual DBE utilization (or item of work) was different than that approved at the time ward, provide comments on an additional page. List actual amount paid to each entity. If no subcontractors/subconsultants were used on the contract, indicate on the form.  1 CERTIFY THAT THE ABOVE INFORMATION IS COMPLETE AND CORRECT  7. Contractor/Consultant Representative's Signature  18. Contractor/Consultant Representative's Name  19. Phone  20. Date  I CERTIFY THAT THE CONTRACTING RECORDS AND ON-SITE PERFORMANCE OF THE DBE(S) HAVE BEEN MONITORED  |  |  |                     |  |  |  |                       |                    |                    |                  |
| is all first-lier subcontractors/subconsultants and DBEs regardless of tier whether or not the firms were originally listed for goal credit. If actual DBE utilization (or item of work) was different than that approved at the time ward, provide comments on an additional page. List actual amount paid to each entity. If no subcontractors/subconsultants were used on the contract, indicate on the form.  I CERTIFY THAT THE ABOVE INFORMATION IS COMPLETE AND CORRECT  7. Contractori/Consultant Representative's Signature  18. Contractori/Consultant Representative's Name  19. Phone  20. Date  I CERTIFY THAT THE CONTRACTING RECORDS AND ON-SITE PERFORMANCE OF THE DBE(S) HAVE BEEN MONITORED  |  |  |                     |  |  |  |                       |                    |                    |                  |
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| 77. Contractori/Consultant Representative's Signature   18. Contractori/Consultant Representative's Name   19. Phone   20. Date  | ist all first-tier   | subcontractors/subconsultants and DBE comments on an additional page. List a | s regardless of tie | er whether or not the firms were origina<br>to each entity. If no subcontractors/sul | lly listed for goal cred<br>oconsultants were us | it. If actual DBE utilized on the contract, in | cation (or item of wo | ork) was different | than that approved | at the time of   |
| I CERTIFY THAT THE CONTRACTING RECORDS AND ON-SITE PERFORMANCE OF THE DBE(S) HAVE BEEN MONITORED   |  |  |                     |  |  | TE AND CORRECT                                 |                       |                    |                    |                  |
|  | 17. Contractor/Consultant Representative's Signature 18. Contractor/Consultant Representative's Name 19. |  |                     |  | 19. Phone  |  | 20. Date              |                    |                    |                  |
| 11. Local Agency Representative's Signature     22. Local Agency Representative's Name     23. Phone     24. Date  |  |  |                     |  |  | OF THE DBE(S) H                                |                       | ORED               |                    |                  |
|  | 21. Local Age  | ency Representative's Signature  | 22                  | . Local Agency Representative's N  | lame   |  | 23. Phone             |                    | 24. Date           |                  |
| DISTRIBUTION: Original – Local Agency, Copy – Caltrans District Local Assistance Engineer. Include with Final Report of Expenditures   | DISTRIBUTION   | N: Original – Local Agency, Copy – Calt                                      | rans District Local | Assistance Engineer. Include with Fina   | al Report of Expendit                            | ıres   |                       |                    |                    |                  |

7. Disadvantaged
Business
Enterprises
(DBE)
Certification
Status Change

LAPM Form Exh. 17-O

If no changes, state "Not Applicable"

| Local Assi                    | stance Procedures Manual  |                          |  | Disa                               | advantaged Busir   | ness Enterprises (DBE)       | Exhibit 17-O<br>Certification Status Change |  |
|-------------------------------|---|--------------------------|--|------------------------------------|--|------------------------------|---|--|
|                               | Ехнівіт 17  | -O DISADVANT             | AGED BUSINESS E                                      | NTERPRISES (DB)                    | E) CERTIFICAT  | TION STATUS CHANG            | GE.   |  |
| 1. Local Age                  | ncy Contract Number   | 2. Federal-Aid Pro       | ject Number  | 3. Local Agency                    |  |                              | 4. Contract Completion Date                 |  |
| 5. Contracto                  | r/Consultant  | 6                        | Business Address                                     |                                    |  | 7. Final Cont                | ract Amount                                 |  |
| 8. Contract<br>Item<br>Number | 9. DBE Contact Info   | ormation                 | 10. DBE<br>Certification<br>Number                   | 11. Amount Paid<br>While Certified | 12. Certification/<br>Decertification<br>Date<br>(Letter Attached) | 13.                          | Comments                                    |  |
|                               |   |                          |  |                                    |  |                              |   |  |
|                               |   |                          |  |                                    |  |                              |   |  |
|                               |   |                          |  |                                    |  |                              |   |  |
|                               |   |                          |  |                                    |  |                              |   |  |
|                               |   |                          |  |                                    |  |                              |   |  |
|                               |   |                          |  |                                    |  |                              |   |  |
|                               |   |                          |  |                                    |  |                              |   |  |
|                               |   |                          |  |                                    |  |                              |   |  |
| If there were n               | o changes in the DBE certification of sub   |                          | ants, indicate on the form.  TIFY THAT THE ABOVE INF | ORMATION IS COMPLET                | E AND CORRECT  |                              |   |  |
| 14. Contract                  | or/Consultant Representative's Sign   |                          |  | ultant Representative's            |  | 16. Phone                    | 17. Date                                    |  |
|                               | I CERT  | TIFY THAT THE CONT       | RACTING RECORDS AND O                                | N-SITE PERFORMANCE                 | OF THE DBE(S) HAS E  | BEEN MONITORED               |   |  |
| 18. Local Ag                  | 18. Local Agency Representative's Signature 19. Local Agency Representative's Name 20. Phone 21. Date                         |                          |  |                                    |  |                              |   |  |
|                               | N: Original – Local Agency, Copy – Calti<br>For individuals with sensory disabilities,<br>Management, 1120 N Street, MS-89, S | , this document is avail |  |                                    |  | Procedures Manual TTY 711, o | r write to Records and Forms                |  |
|                               |   |                          |  |                                    |  |                              | Page 1 of 2<br>July 23, 2015                |  |

## 8. Materials Certificate

## LAPM Form Exh. 17-G

 Documentation must be attached including explanations and change orders allowing acceptance of nonconforming materials

| Local Assistance Procedures Man  | ual  | Exhibit 17-<br>Materials Certifica |
|----------------------------------|--|------------------------------------|
|                                  | Exhibit 17-G: Materials Certifica  | ate                                |
| N                                | MATERIALS CERTIFIC   | ATE                                |
|                                  | CITY/COUNTY LETTERHEAD<br>(Sample)   |                                    |
|                                  | N/A - Caltrans Use<br>N/A - Caltrans Use   |                                    |
| Subject: Materials Certification | 1  |                                    |
| This is to certify that:         |  |                                    |
|                                  | eptance samples indicate that the ma<br>struction operations controlled by san<br>pecifications. |                                    |
|                                  | ne plans and specifications are explai<br>or on attached sheet).                                 | ned on the back of this            |
| No exceptions                    | to the plans and specifications were f   | ound.                              |
|                                  |  |                                    |
| (MAN)                            |  |                                    |
| Signature of local agency engi   | neer in responsible charge of project  | and title                          |
|                                  |  |                                    |
|                                  |  |                                    |
|                                  |  |                                    |
|                                  |  |                                    |
|                                  |  |                                    |
| Distribution: (For all projects) | 1) Local agency Project Files (original)   |                                    |
| (For projects on the I           | DLAE (1 copy in Report of Expenditure     3) FHWA (1 copy)                                       | :=)                                |
|                                  |  | Page 1 of<br>January 202           |

9. Cover Letter and Structures Completion (Exh. 17-I and 17-J)

## 10. Report of Completion of Right of Way Expenditures Use Exh. 17-K

Submitted when final Right of Way costs are known

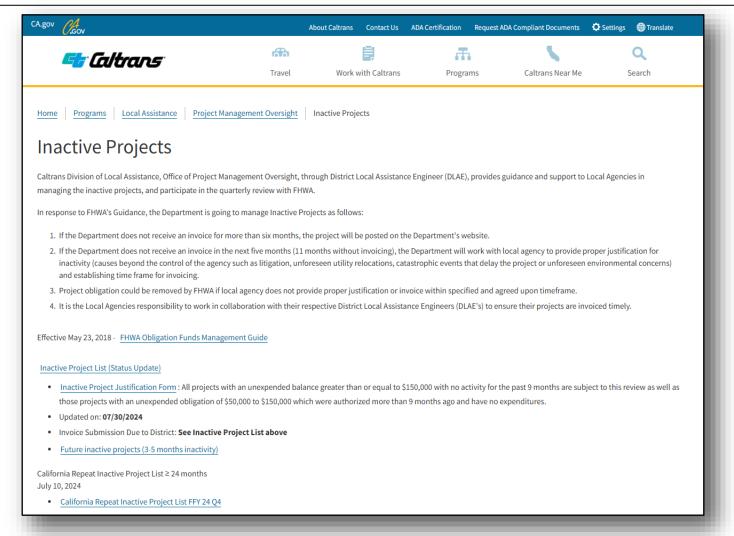
#### **Special Cases:**

- State Funded Projects Complete the "Final Project Expenditure Report" (Exh. 17-M)
  - ☐ Check "State" on Invoice 5-A

#### **Special Cases:**

 Force Account Projects – Complete the "Report of Expenditures for Force Account Projects" (Exh. 17-L)

- Failure to submit Report of Expenditure
  - = Sanctions
- Final Invoice and Final Detail Estimate do not match
  - = Delayed payment
- Previously billing for
  - ☐ items not reimbursable by the FHWA; and
  - ☐ amounts exceeding the final quantities
    - = State will bill you for re-payment



#### **Inactive Projects webpage:**

https://dot.ca.gov/programs/local-assistance/projects/inactive-projects

#### **Project Deficiencies:**

#### 1. Procedural

- Local Agency procedures do not follow LAPM
- Correctable

#### 2. Major

- Violates state or federal state law or regulation
- If uncorrected, would prevent federal or state participation in all or a portion of the project

#### 3. Unrecoverable

- Such magnitude as to create doubt that the policies and objectives of Title 23 of the USC will be accomplished by the project
- Project beyond point that the deficiency can be corrected
- Loss of all or a portion of the federal and/or state funds

#### **Sanctions**

- □ Freeze future programming
- ☐ Freeze progress payments
- Withdraw % of project funds
- Withdraw all the project funds

A Local Assistance Dispute Resolution Process exists for you to appeal the sanctions.

#### **Construction Records & Accounting**

#### **Project Records Retention**

- Required by law:
  23 Code of Federal Regulations 710
- 3 years after date of final voucher approved
- All records

# Module 14 Project Completion

## Question & Answer Session

For further assistance contact a Caltrans District Local Assistance Engineer