

**Delegated Contract Process Payment Request**

<b>County:</b>	<b>BELTRAMI</b>	<b>State Aid Project Number:</b>	<b>004-609-008</b>	<b>Pay Request Nbr:</b>	<b>2</b>	<b>FINAL</b>
<b>Project Type:</b>	<b>DCP</b>	<b>Federal Project Number:</b>	<b>0419208</b>	<b>Invoice Nbr:</b>		
<b>Contract Nbr:</b>	<b>DCP</b>	<b>Local Project Number:</b>		<b>Work Certified Through:</b>	<b>01/28/2020</b>	
				<b>CFDA Number:</b>	<b>20.205</b>	

**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: \$8,285.87**

**Remarks:**

**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

<u>Cat #</u>	<u>Total Cert Amt</u>
1	\$2,530,433.85
2	\$199,820.83
3	\$39,748.22
	<hr/>
	<b>\$2,770,002.90</b>

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.

**Required Docs**

Final Contract Voucher/Final Estimate  
 Certificate of Final Contract Acceptance  
 Materials Certification Exception Summary  
 Overtime Justification  
 Supplemental Agreements, if applicable

✓  
 ✓  
 ✓  
 ✓  
 N/A

Note: OR = Overtime Account

Report ID: FCRBPaymentRequest v20191113

Print Date: 3/24/2020 11:49:16AM

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Approved:  Date: 3/24/2020 Phone: 218-333-8173  
 Bruce Hasbargen, County Engineer

Recommended for Approval: Luane Tasa Digitally signed by Luane Tasa  
Date: 2020.03.25 13:44:35 -05'00' Date: \_\_\_\_\_  
 District State Aid Engineer

- Change Orders, if applicable
- Work Orders, if applicable
- State Aid Payment Request(SAPR), if applicable
- Final Inspection Report(submitted by DSAE)
- Documentation for back sheet items.  
(Calculations for [Dis]incentives/Fuel Escalation)
- Final DBE Clearance Letter
- Final cost breakdown by category in the format  
of the original bid(matching the project setup)

Email or Mail to: District State Aid Engineer