PS&E ADVERTISEMENT CHECKLIST

	IILESTONE		DATE
Project Agreement			
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	-		
	nent Review:		
		ted into the PS&E)	
Permits:	J	,	
404 Permit (Individua	al or Nationwide)	<u> </u>	
		<u> </u>	
1		SCRs)	
		y Agreement)	
Approvals:			
State/County			
FS			
NPS			
FWS		·····	
		·····	
4(f)?			
4(f)? Other			
4(f)? Other Internal PS&E Review		·····	
4(f)? Other Internal PS&E Review Internal PS&E Review co			
4(f)? Other Internal PS&E Review Internal PS&E Review co	omments incorporated	<u> </u>	
4(f)? Other Internal PS&E Review Internal PS&E Review co QA/QC Completed by: BRIDGE	omments incorporated		
4(f)? Other Internal PS&E Review Internal PS&E Review co QA/QC Completed by: BRIDGE HYDRAULICS	omments incorporated CONSTRUCTION MATERIALS		
4(f)? Other Internal PS&E Review Internal PS&E Review co QA/QC Completed by: BRIDGE HYDRAULICS SAFETY	omments incorporated CONSTRUCTION MATERIALS SURVEY/ROW	☐GEOTECH ☐ROADWAY DESIGN	
4(f)? Other Internal PS&E Review Internal PS&E Review co QA/QC Completed by: BRIDGE HYDRAULICS SAFETY	omments incorporated CONSTRUCTION MATERIALS SURVEY/ROW		
4(f)? Other Internal PS&E Review Internal PS&E Review co QA/QC Completed by: BRIDGE HYDRAULICS SAFETY Quality Assurance Certification	omments incorporated CONSTRUCTION MATERIALS SURVEY/ROW cation signed	☐GEOTECH ☐ROADWAY DESIGN	
4(f)? Other Internal PS&E Review QA/QC Completed by: BRIDGE HYDRAULICS SAFETY Quality Assurance Certification	omments incorporated CONSTRUCTION MATERIALS SURVEY/ROW cation signed	☐GEOTECH ☐ROADWAY DESIGN	
Other Internal PS&E Review Internal PS&E Review co QA/QC Completed by: BRIDGE HYDRAULICS SAFETY Quality Assurance Certification Brand Name or Approved	omments incorporated CONSTRUCTION MATERIALS SURVEY/ROW cation signed	☐GEOTECH ☐ROADWAY DESIGN	

Programme	ed Amount		Date	
	Schedule or	Date of Current EE	Date of Escalated EE (or	NA)
	Option			·
	-			
	<u> </u>			
IF DEVEL	OPED BY A/E F	IRM:		
All Plan Sh	eets Stamped, Se	aled and Signed		
Front Page	of SCRs Stamped	d, Sealed and Signed	····· <u> </u>	
	_		onstruction	
A/E Firm C	Contact Information	on:		
Name:		Phone:	Email:	
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-			E Package signed)	
			d NTP date	
		_	S&E Package by PM	
Contact Di	stribution List to	Contracting		
PR for Con	struction			
PR-1240 (0	Obligating Docum	ient)		
нрм.		Dagignar:	COE:	
11DN1		Designer.	COL	
ELECTRO	ONIC FILE LOC	CATIONS:		
Plans (pdf)	:			
SCRs:				
Materials R	Report:			
<u>Incentives</u>	and Adjustment s	<u>preadsheet</u> :		
COMMEN	NTS: (attach sens	arate sheet if necessary) Explain any outstanding is	sues.
0 01/11/11/1	, = & t (www.e.r sop.			
		Recomm	nended for approval	
		Recolli	nonded for approvar	
		Droise	et Managar	Date
		Projec	et Manager	Date

CLIENT DISTRIBUTION LIST

AS-AD and/or CONFORMED SETS PLANS & SPECS

Please list ALL clients who are to receive copies of plans and specifications. Specify "as-ad" or conformed sets by placing Client Agency in proper column. The package(s), along with any amendments issued, will be distributed as appropriate.

3

AS-ADVERTISED SETS	CONFORMED SETS		
Amendments are distributed as they occur	Includes all amendments & completed bid schedule(s)\$		
Client Agency:	Client Agency:		
Contact:	Contact:		
E-mail address:	E-mail address:		
Address:	Address:		
, , , , , , , , , , , , , , , , , , ,	, , , , , , , , , , , , , , , , , , ,		
# of copies:	# of copies:		
Customer Survey (Yes / No)	Customer Survey (Yes / No)		
Client Agency:	Client Agency:		
Contact:	Contact:		
E-mail address:	E-mail address:		
Address:	Address:		
# of copies:	# of copies:		
Customer Survey (Yes / No)	Customer Survey (Yes / No)		
Client Agency:	Client Agency:		
Contact:	Contact:		
E-mail address:	E-mail address:		
Address:	Address:		
# of copies:	# of copies:		
Customer Survey (Yes / No)	Customer Survey (Yes / No)		
Client Agency:	Client Agency:		
Contact:	Contact:		
E-mail address:	E-mail address:		
Address:	Address:		
nui css.	ruuress.		
# of copies:	# of copies:		
Customer Survey (Yes / No)	Customer Survey (Yes / No)		
Client Agency:	Client Agency:		
Contact:	Contact:		
Address:	Address:		
# of copies:	# of copies:		
Customer Survey (Yes / No)	Customer Survey (Yes / No)		
V \ /	, , , , , , , , , , , , , , , , , , ,		

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ACCOUNT CHAINING INFORMATION

Project Number & Name

Project Manager

To be completed by the Project Manager, in coordination with the Programmer, on ALL construction contracts, modifications, and task Orders with more than one Delphi Account. Please list all funding sources, account codes, and any account restrictions below. Use the examples as a guide.

DESCRIPTION OF FU			-	V	
Full Account Number:	1516491010004	540.00.F1X1.49	1649001410	OC 25255	\$150,000.00
Account restrictions:	Option X. (Use for	unding only on bus	shelters along N	Main Entrance Roa	ad.)
DESCRIPTION OF FU	NDING SOURCE E	XAMPLE 2: AGRE	EMENT FUND)S	
Full Account Number:	15A6357901001	540.00.15F0.35	1635001479	OC 25255	\$450,000.00
Account restrictions:	Use all agreemen	t (15F0) funds first	before FLHP fr	unds	
DESCRIPTION OF FU	NDING SOURCE E	XAMPLE 2: FLHP	FUNDS	AND DESCRIPTION OF THE PARTY OF	
Full Account Number:	1516357901001	540.00.F17E.35	1635001479	OC 25255	\$1,000,000.00
Account restrictions:	Use FLHP funds	(F17E) only once A	greement Fund	s are exhausted	

DESCRIPTION OF FUNDING SOURCE:

Full Account Number:

Account restrictions:

DESCRIPTION OF FUNDING SOURCE:

Full Account Number:

Account restrictions:

DESCRIPTION OF FUNDING SOURCE:

Full Account Number:

Account restrictions:

DESCRIPTION OF FUNDING SOURCE:

Full Account Number:

Account restrictions:

DESCRIPTION OF FUNDING SOURCE:

Full Account Number:

Account restrictions:

APPROVALS/SIGNATURES

Project Manager

Programmer

DISTRIBUTION					
Department		Name			
0	Acquisitions (attach to the PS&E Checklist)	0			
0	Project Manger	0			
0	Programmer	0	List-FHWA-CFLProgrammers@dot.gov		
0	Funds Certifier	0	Pat.Mayorga@dot.gov		
0	Construction Admin	0	CFL ConstructionAdministration@dot.gov		

Quality Assurance Certification

Purpose of Certification

Certification statements reinforce that the final Plan, Specification, and Estimate (PS&E) and supporting documents have been prepared and checked in accordance with established procedures and that the final PS&E meets appropriate standards and provides clear direction for construction of the project.

The objectives of certification are to:

Promote confidence that the final project documents meet a level of quality that is appropriate and is consistent with similar CFL projects and the project is biddable, can successfully be constructed, and is ready for advertisement.

Roles and Responsibilities

PMs, COEs, and HDMs, have been identified as having a considerable influence on the quality of the overall PS&E documents and therefore are delegated the responsibility for completing a quality assurance certification. Each internally delivered project will be signed by the PM, COE, and HDM. Externally delivered projects will be signed by the PM, COE, and AE PM.

Signing of certifications is not to be further delegated.

PM – Manages Scope, Schedule, Budget, and Quality through completion

HDM – Responsible for the production of the PS&E, including incorporation of engineering recommendations from other disciplines.

COE – Evaluates constructability, biddability of the PS&E with focus on contract administration, and constructed quality.

Procedures

Complete certifications prior to having the project's title sheet signed. Present the signed certification to the Director of Engineering at project signing.

Individuals that have the dual role of PM/COE sign the certification in both the PM and COE signature blocks.

When project is delivered externally, AE Project Manager will sign in the Highway Design Manager section.

FEDERAL HIGHWAY ADMINISTRATION CENTRAL FEDERAL LANDS HIGHWAY DIVISION

QUALITY ASSURANCE CERTIFICATION

Project Number and Name:
PROJECT MANAGER
I have managed all aspects of the project scope, schedule, budget, and quality, including risk. I certify the project is biddable, can be successfully constructed, and the final plan package is ready to advertise.
Name:
Signature:
Date:
CONSTRUCTION OPERATIONS ENGINEER I understand the risks assumed in the design and have evaluated the technical and construction administration aspects of the project. I certify the project is biddable and can be successfully constructed.
Name:
Signature:
Date:
HIGHWAY DESIGN MANAGER/AE PROJECT MANAGER I have managed the design development to ensure continuous quality control. I certify the project documents are ready to advertise for construction.
Nama
Name:
Signature: