

## **ARIZONA DEPARTMENT OF TRANSPORTATION – ENGINEERING CONSULTANTS SECTION**

| RANSPORTATION  |   |         |                      | Contract Modification Checklist   |  |
|--|---|---------|----------------------|---|--|
| Contract Number  |   |         |                      | Consultant Name   |  |
| Contract Description   |   |         | on                   |   |  |
| Project Name   |   |         |                      | Modification Amount Task Order Rev Number   |  |
| ADOT Project No.   |   |         | k Managor            | ADOT Contract Manager (Not ECS Staff)   |  |
| Consultant Contact Name  |   |         | t Name               | Consultant Email  |  |
|  |   |         |                      |   |  |
| This checklist is to be completed and submitted by the Prime Consultant along with each Contract Modification submittal. Please  |   |         |                      |   |  |
| check the appropriate boxes designating documentation included in each submittal for the Prime Consultant, Subconsultant and   |   |         |                      |   |  |
| Tier-Subconsultant.           Prime_Subs_Tier-SubsContract Modification Required Documents   |   |         |                      |   |  |
| Prime  | <u>Subs</u>   | Tier-Su | <u>ibs</u> <u>Co</u> | ntract Modification Required Documents  |  |
|  |   |         |                      | tal Letter on Consultant Letterhead, signed and dated   |  |
|  |   |         | •                    | Work Narrative  |  |
|  |   |         |                      | posal Cost Derivation Sheet, Signed and Dated   |  |
|  |   |         |                      | r <u>osts must be consistent with the contract</u><br>posal Cost Derivation Sheet must contain the following:                         |  |
|  |   |         |                      |   |  |
|  |   |         | •                    | Approved Rates, Hours, Overhead Rates   |  |
|  |   |         | •                    | List of Other Direct Costs  |  |
|  |   |         | •                    | List of Subconsultant and Vendor Costs  |  |
|  |   |         |                      | e New Labor Classifications proposed? 🗖 No 🗖 Yes: Submit Certified Payroll  |  |
|  |   |         |                      | e New Subconsultants proposed?  |  |
| _  | _   | _       |                      | rtified Payroll   |  |
|  |   |         | Direct Ex            | pense Cost Derivation   |  |
|  |   |         | •                    | Detailed list of Approved Direct Expenses with unit, rate and total   |  |
|  |   |         | •                    | Vendor quotes required for all externally generated Direct Expenses<br>Lump sum quotes for Direct Expenses are not acceptable         |  |
|  |   |         | Are New              | Direct Expense items/rates proposed?  |  |
|  |   |         |                      | ign Services (PDS) Scope of Work  |  |
|  | _   | _       |                      | Jsing previously established PDS Rates?   |  |
| _  | _   | _       |                      | Proposing new or establishing PDS Rates (Initial PDS only)? – Submit Certified Payroll  |  |
|  |   |         |                      | Contract have a DBE Goal? D No D Yes: Submit appropriate documents listed below:  |  |
|  |   |         |                      | ntended Participation Affidavit – Consultant*, signed and dated   |  |
|  |   |         |                      | ntended Participation Affidavit – Subconsultant, signed and dated   |  |
|  |   |         |                      | <u>Certification of Good Faith Efforts</u> *, signed and dated<br>f the affidavit does not meet the DBE Goal, a GFE is also required. |  |
|  |   |         | 0ther (de            |   |  |
|  |   |         | (-                   | ADOT Project Manager Contract Modification Submittal Checklist  |  |
| ADOTI  | ADOT Project Manager Contract Modification Submittal Checkist<br>ADOT Project Manager and Contract Manager have reviewed and recommend the attached Contract Modification Package and |         |                      |   |  |
| certify that the scope of work is consistent with the contract and authorize ECS to execute the Modification.  |   |         |                      |   |  |
| Consultant Initiation Date (1st contact for this work)   |   |         |                      |   |  |
| Calendar Days required to complete this Project/Task Order work:   |   |         |                      |   |  |
| ADOT Project Manager Review and Concurrence Date: PM/TM Initials: CM Initials:   |   |         |                      |   |  |
| Check boxes are to be marked to designate documentation included in PM submittal along with the above noted items from the consultant.   |   |         |                      |   |  |
| <ul> <li>Include Project Manager Scope of Work, Schedule, Hour and Contract Estimate (REQUIRED)</li> <li>Funding Source Approval – Check Appropriate Box(es) for type and attach documents (REQUIRED)</li> </ul> |   |         |                      |   |  |
| FHWA: Include Signed FARA form or FHWA email (include current available budget documentation)  |   |         |                      |   |  |
|  |   |         |                      |   |  |

□ JPA: Executed JPA (include current available budget documentation)

□ State: Signed RARF or Non-Federal form (Include current available budget documentation)

**D** Other: Funding Approval Documentation (include current available budget documentation)

Funding Available? 
No 
Yes (AFIS/PIRT SCREENSHOT REQUIRED)

If no, anticipated authorization/funding availability date:

- □ If Post Design Services, attach:
  - Resident Engineer's Email & FAST 125 Financial Card or Recap Sheet
- **I** If Task Order Waiver is required; attach the completed and signed document (If needed, ECS will obtain FHWA signature)
- □ If an ANTP/LNTP was executed, attach a copy of the completed and signed documentation