**L****OCAL PROGRAM CONSULTANT SELECTION APPROVAL CHECKLIST**

Wisconsin Department of Transportation

DT1515 05/2022

|  |  |  |
| --- | --- | --- |
| State Project ID      | Highway/Street      | Estimated Consultant Contract Cost      |
| Description of Work      |

|  |  |
| --- | --- |
| **Municipality Contact** | Name |
| Title | (Area Code) Telephone Number  | Email Address  |

**Municipality Selection Committee** *(List at least 3 voting members in the selection process, including the chairperson)*

|  |  |  |
| --- | --- | --- |
| **Name** | **Title** | **(Area Code) Telephone Number** |
| **1**  |  |  |
| **2**  |  |  |
| **3**  |  |  |
| **4**  |  |  |
| **5**  |  |  |

|  |  |
| --- | --- |
| Program Choose an item. Other      Detailed estimate of hours and costs for the project was developed by:[ ]  Municipality[ ]  Central Office Office[ ]  WisDOT Region Estimate Attached: [ ]  Yes [ ]  NoWere objective criteria developed and used in short-listing the preferred consultants? [ ]  Yes [ ]  No A copy of the objective criteria can be found at the following location:[ ]  Municipality Project File [ ]  Central Office Office[ ]  WisDOT Region Region project fileSolicitation Method[ ]  WisDOT Internet site for design solicitation[ ]  Small Purchase Procedure (see [FDM 8-5-10](http://wisconsindot.gov/Pages/doing-bus/eng-consultants/cnslt-rsrces/rdwy/fdm.aspx))[ ]  Municipal solicitation | Roster Used[ ]  Notifying entire WisDOT Eligible Roster of Consultants[ ]  Notifying entire municipally maintained roster of interested and qualified firms (minimum of 10). Document in the project file. Number of firms contacted: Number of firms responding: [ ]  Less than three responding? Justified Sole Source (FHWA approval)Were interviews held with the potential consultants? [ ]  Yes, how many?       [ ]  NoCommunication methods *(check all that apply)*[ ]  Email [ ]  Local Internet site[ ]  Call [ ]  Newspaper Advertisement[ ]  Mail [ ]  Other      Final short list of consulting firms in order of rank in the project:123 |

|  |  |
| --- | --- |
| **Approval for selecting the following preferred consultant is requested:** |       |
| Municipality | Prepared By *(name and title)* | Date *(choose)*Date |

|  |
| --- |
| **WisDOT Use Only**  *\* CARS Required Values* |
| **\*Contract Phase** |       | **Date of Request** | Date |
| **\*Status** | Status | **\*Contract Function** | Function |
| **\*Project Limits** |       | **\*Program Code** | Program Code |
|  | **\*Federal Funding %** |       % |
| **\*County** | County List | **\*DBE % Goal** |      % |
| **\*Region/Bureau** | Region/Bureau | **\*DBE Good Faith Effort Request** | [ ]  Yes [ ]  No |
| **Selection for Design by Local Government Contract Approved by** See [FDM 8-5-20.5](http://wisconsindot.gov/Pages/doing-bus/eng-consultants/cnslt-rsrces/rdwy/fdm.aspx)Contracts $50,000 or more – Statewide Consultant Engineer **/** Contracts under $50,000 – Region  | **Assigned Fixed Fee****%** |
| **Approval Signature***(Brush Script font)* |       | Date *(choose)*Date |

For approval, submit form to [WisDOT Region Local Program Project Manager](http://apwmad0p4145:37108/Documents/doing-bus/local-gov/lpm/lp-contacts.pdf)