

**RECOMMENDATION TO GOVERNOR
FOR CONTRACT AND BOND APPROVAL**

DT25 2/2005

		Let Proposal Number	
Project ID(s) 7120-02-03		Organization - Division Transportation System Development	Bureau NW Region
		Originator Name Randy Knoche 608-266-1824	Title Contract Manager
		Contract Amount \$ 90,946.23	WisDOT Confidential Estimate \$ N/A
Contract With Northern Wisconsin-Based Engineers, Inc. of Hayward, WI		Contract Type <input type="checkbox"/> Let Construction <input type="checkbox"/> LFA (State) <input type="checkbox"/> LFA (Local) <input type="checkbox"/> Razing <input type="checkbox"/> Emergency Construction <input type="checkbox"/> Traffic Mitigation <input type="checkbox"/> Local Construction <input type="checkbox"/> Construction Eng <input checked="" type="checkbox"/> Design Eng <input type="checkbox"/> Survey <input type="checkbox"/> Bridge Design <input type="checkbox"/> Environmental <input type="checkbox"/> Railroads Other:	
Project Description/Location Durand-Eau Claire USH 10 to North County Line STH 85 Pepin County			
Date Let N/A	Date Awarded N/A	<input type="checkbox"/> Bond Required	<input checked="" type="checkbox"/> Bond Not Required

Project Requested By or Purpose
To procure professional design engineering services for the purpose of a resurface improvement project on STH 85 in Pepin County.

Work Consists of
Scope of services includes: Design reports, environmental documentation, agency coordination, utility coordination, public involvement, surveys, road plans & PS&E.

Consequences - If Not Approved
Without consultant participation there would be delays in getting needed work completed.

PROJECT FUNDING PERCENTAGES				
STATE I.D.	STATE FUNDS	FEDERAL FUNDS	LOCAL FUNDS	OTHER
7120-02-03	100% \$90,946.23			

Contract Authority

I certify that this contract is financially and programmatically consistent with the approved annual operating budget or facilities program. I further certify that this request for Governor's approval meets all applicable state and federal statutes, rules, regulations, and guidelines. This certification is based upon a thorough and complete analysis of this request.

Forward to Department Secretary X _____ (Contract Authority) _____ (Date)

Forward to Office of the Governor X _____ (Department Secretary / Deputy Secretary) _____ (Date)

Return to Contract Authority X _____ (Governor - Approval and Authorization) _____ (Date)