**SMALL PURCHASE SELECTION APPROVAL**

Wisconsin Department of Transportation

DT1516 10/2014

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

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

**Local Government Contacts** *(List at least 3 voting members in the selection process, including the chairperson)*

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

|  |  |
| --- | --- |
| Detailed estimate of hours and costs for the project was developed by | Method used for Solicitation of Responses: *(check all that apply)* |
| [ ]  Municipality[ ]  Central Office Office[ ]  WisDOT Region | [ ]  Telephone[ ]  Facsimile[ ]  Request for Proposal[ ]  Statement of Qualifications for Defined Project [ ]  Other:  |
| Were 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[ ]  Central Office Office[ ]  WisDOT Region Region project file[ ]  Municipality Project File | List of Consulting Firms in Order of Rank – 3 Required*(if more than 3 firms were contacted, attach information)*123 |
| DOT Estimate Attached[ ]  Yes [ ]  No |

|  |  |
| --- | --- |
| **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** | Project Status | **\*Contract Function** | Contract Function |
| **\*Project Limits** |       | **\*Program Code** | Program Code |
|  | **\*Federal Funding %** |       % |
|  | **\*ARRA** | [ ]  Yes [ ]  No |
| **\*County** | County List | **\*DBE % Goal** |      % |
| **\*Region/Bureau** | Region/Bureau | **\*DBE Waiver** | [ ]  Yes [ ]  No |
| **Selection for Small Purchase Contract Approved by:** see [FDM 8-5-10](http://wisconsindot.gov/Pages/doing-bus/eng-consultants/cnslt-rsrces/rdwy/fdm.aspx) Small Purchase Contracting | **Assigned Fixed Fee****%** |
| **Approval Signature***(Brush Script font)* |       | Date *(choose)*Date |

DTSD Statewide Consultant Engineer / DTIM Administrator / WisDOT Region Local Program Contact

For Statewide Consultant Engineer’s Approval, send form to DOTConsultantServicesApproval@dot.wi.gov