March 29, 2018

The Honorable Bart Castleberry
Mayor of Conway
1201 Oak Street
Conway, AR 72032

Re: Job 080522
F.A.P. RTP-1302(265)
Dave Ward Dr. Ped. Overpass (RTP-15) (S)
Faulkner County

Dear Mayor Castleberry:

We have received your request for concurrence in award, the bid tabulations, and the 1% administration fee for the referenced project. The Department concurs in the award of the project in the amount of $3,363,903.35 to the low bidder, Manhattan Road & Bridge Co., based on a review of the bid tabulations and the City’s certification that the project was advertised and bids were received in accordance with the regulations governing Federal-aid projects and all other applicable state and federal regulations. As stated in the Agreement between the City and the Department, the maximum approved Federal-aid amount for this project is $1,011,000.

Once the contract is executed, you may issue a work order to begin construction. The Report of Daily Work Performed (enclosed) must be submitted with each request for Construction Certification Reimbursement and the Final Acceptance Report (enclosed) must be submitted at the completion of the project. The forms must be submitted to David Ross, the Department’s Resident Engineer in Conway, who can be contacted at (501) 327-4861. Also, David must be invited to attend the pre-construction conference for this project. You must submit all change orders to the contract to David for review and approval for program eligibility.

Sincerely,

[Signature]

Kevin Thornton
Assistant Chief Engineer – Planning

Enclosures

c: Deputy Director and Chief Engineer
   Program Management
   Transportation Planning and Policy
   Construction
   District 8
   Resident Engineer #84
   Job 080522 'C' File
City of Conway
LPA Report of Daily Work Performed

Job Name: Dave Ward Dr. Ped. Overpass (RTP-15) (S)  
Job No.: 080522

FAP No.: RTP-1302(265)  
Contractor: Manhattan Road & Bridge Co.

Date: ____________  
Hours Worked: _____ – _____  
Report No.: ______

<table>
<thead>
<tr>
<th>Project Conditions</th>
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<tbody>
<tr>
<td>Site Conditions</td>
</tr>
<tr>
<td>Useable</td>
</tr>
<tr>
<td>Partly Useable</td>
</tr>
<tr>
<td>Not Useable</td>
</tr>
<tr>
<td>Min Temp. (F) _____</td>
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<tr>
<td>Max Temp. (F) _____</td>
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<tr>
<td>Comments</td>
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</table>

Location and Description of Work Performed

Special Instructions and/or Conversations

Signed: ________________  
Designated Full-time Employee
City of Conway
LPA Final Acceptance Report

Job Name: Dave Ward Dr. Ped. Overpass (RTP-15) (S)  Date:

Job No: 080522  FAP No: RTP-1302(265)

County: Faulkner  Route:

Contractor: Manhattan Road & Bridge Co.

Date Work Began:  Date Work Completed:

Attendees:

Remarks:

Project Completed in Substantial
Compliance with Plans and Specifications
and Recommended for Final Acceptance by
Sponsor

Recommended for Acceptance in
Accordance with Project Agreement

Engineer/Architect  ARDOT Resident Engineer

Project Recommended for Acceptance

Designated Full-time Employee: ________________________________

I certify that the Contractor and/or subcontractor(s) have complied with the provisions of
FHWA-1273, Required Contract Provisions, Federal-aid Construction Contracts, and
Supplements; that the project has been completed by the Contractor in accordance with
the plans and specifications; that the Contractor has been paid for this work, and the
project is hereby accepted.

______________________________
Bart Castleberry, Conway Mayor
## CONSTRUCTION CERTIFICATION AND REIMBURSEMENT REQUEST

**Job No.:** 080522  
**FAP:** RTP-1302(265)  
**County:** Faulkner  
**Job Name:** Dave Ward Dr. Ped. Overpass (RTP-15) (S)  
**Payee/Sponsor:** City of Conway  
**Address:** 1201 Oak Street  
**Conway, AR 72032**

<table>
<thead>
<tr>
<th>Payee/Sponsor:</th>
<th>City of Conway</th>
<th>DATE:</th>
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<tbody>
<tr>
<td><strong>FAP:</strong> RTP-1302(265)</td>
<td>Faulkner</td>
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<tr>
<td><strong>Job Name:</strong> Dave Ward Dr. Ped. Overpass (RTP-15) (S)</td>
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<td><strong>Address:</strong> 1201 Oak Street</td>
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<td><strong>Conway, AR 72032</strong></td>
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**PAY REQUEST #**

**FROM:**

**TO:**

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### SPONSOR’S REQUEST FOR PAYMENT

1. **Maximum Approved Federal-aid Amount**
   - $1,011,000.00

2. **Original Contract Amount**
   - $3,363,903.35

3. **Net Changes by Change Orders**
   - $3,363,903.35

4. **Present Contract Total**
   - $3,363,903.35

5. **Present Federal-aid Amount (80% of Line 4 or Amount on Line 1, whichever is less)**
   - $1,011,000.00

6. **Work Completed to Date**
   - 

7. **Federal Match (80% of Line 6 or amount on Line 5, whichever is less)**
   - 

8. **Previous Reimbursements (Federal)**
   - 

9. **Amount Due this Estimate**
   - (subtract Line 8 from Line 7)

### CHANGE ORDER SUMMARY

<table>
<thead>
<tr>
<th>CHANGE ORDER SUMMARY</th>
<th>ADDITIONS</th>
<th>DEDUCTIONS</th>
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<tbody>
<tr>
<td>Total changes previously approved</td>
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<tr>
<td>Total approved this Request Period</td>
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<tr>
<td><strong>TOTALS</strong></td>
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<tr>
<td><strong>NET CHANGES by Change Order</strong> (Line 3 above)</td>
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### Designated Full Time Employee In Responsible Charge

The information provided in this document is true and correct and I recommend that payment be made to the Contractor for this work.

**By:** ____________________  
**Date:** ____________________

**Title:** ____________________

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### Sponsor’s CEO

Payment is requested from the Arkansas Department of Transportation for the Amount Due. I certify that the Contractor and/or subcontractor(s) are complying with the provisions of FHWA-1273, Required Contract Provisions, Federal-aid Construction Contracts, and Supplements; that the work has been completed by the Contractor in accordance with the plans and specifications; and that the Contractor has been paid for this work.

**By:** ____________________  
**Date:** ____________________

**Title:** ____________________

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### DEPARTMENT USE ONLY

**Recommended for Payment in Accordance with Project Agreement**

**Approved for Payment**

**PAID**

**Voucher No.:**

**Date:** ____________________

**State Construction Engineer**

**Date:** ____________________

Attachment J
## Construction Certification and Reimbursement Request

**Detail Estimate**

**Job Number:** 080522  
**FAP:** RTP-1302(265)  
**Job Name:** Dave Ward Dr. Ped. Overpass (RTP-15) (S)

**Request No:**  
**Date:**

**From:**  
**To:**

**Sponsor:** City of Conway  
**Contractor:** Manhattan Road & Bridge Co.

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<thead>
<tr>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
<th>E</th>
<th>F</th>
<th>G</th>
<th>H</th>
<th>I</th>
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</thead>
<tbody>
<tr>
<td>ITEM NO.</td>
<td>DESCRIPTION OF WORK</td>
<td>SCHEDULED VALUE</td>
<td>WORK COMPLETED PREVIOUS REQUESTS THIS PERIOD</td>
<td>MATERIALS PRESENTLY STOCKPILED (NOT IN D or E)</td>
<td>TOTAL COMPLETED &amp; STOCKPILED TO DATE (D+E+F)</td>
<td>% COMPLETED (G + C)</td>
<td>BALANCE TO FINISH (C - G)</td>
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**Grand Totals**

Attachment J

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**Copy of Sponsor's Payment Check for this Estimate Must Be Attached to this Form**