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COLORADO DEPARTMENT OF TRANSPORTATION			Project Numb	per Pi	oject Code	
STANDARDS CERTIFICATION AND						
PROJECT PLANS, SPECIFICATIONS & ESTIMATE APPROVAL		Route Numb	er S	TIP Number		
		Lasefas				
LOTHINATE ALL NOVAL			Location			
STANDARDS CERTIFICATION						
CDOT Oversight – 23 USC 106 (b) (1), 3R on the Interstate						
☐ CDOT Oversight – NHS, Non-Interstate; 23 USC 106 (b) (2) – Non-NHS funding						
I certify that this project will meet or exceed the standards approved by the Secretary of Transportation under Section 109 (c) Title 23 of the United States Code, as listed in 23 CFR 625.4, with the exception of any approved variances.						
Project Mana		Date				
Project Maria	gei	Date				
BUSINESS OFFICE REVIEW						
I have reviewed the appropriate project budget and by signing verify that on this date there were sufficient funds for obligation.						
Business Mai	•	Date				
PLANS, SPECIFICATIONS & ESTIMATES APPROVAL						
In accordance with 23 CFR 630.205, I approve the *PS&E on the above project. Please obligate						
construction funds.						
I have reviewed the Final Office Review (FOR) set of Plans, Specifications and Estimate for the above project and have determined them sufficient in detail to facilitate the construction and contract control of the project. If this project is constructed by the force account method, appropriate affirmative Findings-in-the-Public-Interest are on file. The conditions for authorization to advertise as set forth in 23 CFR 635.309 will be completed prior to advertising.						
I find the estimate reflects the anticipated cost of the project in sufficient detail to provide a prediction of financial obligations incurred by CDOT and FHWA.						
☐ The construction ** cost estimate for this project is less than the project budget. ☐ The construction ** cost estimate exceeds current budget, the additional source of funding to cover the estimate is:						
☐ Pool Type of funds \$  ☐ Project Project code \$  ☐ Other Source \$  **Total construction cost estimate for this project is: \$						
* Attach an explanation if PS&E approval is made prior to the final FOR set.  ** Construction phase only (NOT TOTAL)						
Program Eng	ineer		Re	egion	Date	
Instructions:	Use this form for all projects that do not require FHWA approval or oversight of PS&E (i.e., Interstate new and reconstruction, Discretionary funded, Emergency relief.)					
Distribution:	Original to Region Business Office then to Office of Financial Management and Budget (Federal Funds Manager) Copies to Project file and FHWA (NHS projects)					