**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)*  1  2  3 |
| 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](mailto:DOTConsultantServicesApproval@dot.wi.gov?subject=DT1515%20Local%20Design%20Selection%20Approval)