**WAS THIS PROJECT PUT ON PROJECTED ADVERTISEMENT WEBSITE?** [ ]  Yes

**If not, STOP! Complete the Projected Advertisements Website Form and submit as directed.**

1. **Approval to Retain Consultant Services Request:** Signed Request included: [ ]  Yes
2. **Project Name, State Project Number, FAP Number, Route and Parish:**

Enter Project Name(s) here

State Project Number here FAP Number here

Route if applicable here Parish(es) or Statewide here

1. **Entity State Agreement (ESA)** (if applicable): [ ]  N/A (skip to No. 4)

ESA included: [ ]  Yes Responsible Charge Form: [ ]  Yes

Responsible Charge Name: Enter Responsible Charge’s Name here

Responsible Charge email address: Email address here for Responsible Charge

1. **Project Manager:** Enter Project Manager’s Name here

Phone Number: Enter phone number here. Email: Email address here for PM

Add DOTD Coordinator’s name and email here (if applicable)

1. **Past Performance Evaluation Disciplines:** (complete table below, must add up to 100%)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Road | #% | Survey | #% | CPM | #% |
| Bridge | #% | Environmental | #% | ITS | #% |
| Traffic | #% | Data Collection | #% | Appraiser | #% |
| CE&I/OV | #% | Planning | #% | Other | #% |
| Geotech | #% | Right-of-Way | #% | (must specify) |  |

1. **Project Time** (select one)**:** [ ] Typical [ ]  Compressed [ ]  Critical
2. **Schedule:** Enter project time in either calendar days or years
3. **Contract Type and Compensation**
	1. **Contract type** (select only one)

[ ]  IDIQ (negotiated and non-negotiated with all compensation types included)

[ ]  Project specific

[ ]  Entity-held contract (must have an ESA)

* 1. **Compensation**

(based on work types, see Chief’s memo dated January 30, 2020 and revised Work Type 9/18/23)

(choose for project specific and entity held contracts and must provide a compensation work hours estimate)

[ ] Negotiated [ ]  Non-negotiated

(select all that apply)**:**

[ ]  Lump Sum [ ]  Cost Plus Fixed Fee

[ ]  Specific Rates of Compensation [ ]  Cost Per Unit of Work

1. **Project Description and Scope of Services (Attachment A – must be editable)**

Scope of Services attached [ ]  Yes

1. **Minimum Personnel Requirements (MPRs) (Attachment B – must be editable)**

MPRs attached [ ]  Yes [ ]  No (do not proceed with request)

1. **FHWA Full Oversight:** [ ]  Yes [ ]  No
2. **If CE&I for project specific contract, identify the designer consultant, otherwise enter N/A:** Enter designer here.
3. **Additional Comments:** Enter Comments here.