

# MEMORANDUM

## **Missouri Department of Transportation**

**Division**

**Location**

**TO:** Professional Services Committee

**CC:** Transportation Planning Director-tp

State Bridge Engineer-br

**FROM:** District Engineer or Division Engineer

**DATE:** *(Date)*

**SUBJECT:** Program Delivery

Route (\_\_\_\_\_), (\_\_\_\_\_\_) County

Job No. (\_\_\_\_\_\_\_\_)

Consultant Selection Approval

Project Description (physical description): This project will provide for the improvement of (*length*) of Route (*route*) in (*county*) County from (*termini*) to (*termini*).

Scope of Work: The consultant will provide professional, technical, and other personnel, equipment, material, and all other things necessary for preparing (*scope of services for the contract. If contract is a supplemental explain the need for the change in scope*).

Consultant: The selection committee entered into informal interviews with *(number)* short listed firms to facilitate the selection of the best firm for the project. Based on the interviews and the ratings, the *(firm name)* team is recommended for these services.

Recommendation: I request permission for the district to negotiate an agreement with (*the firm)* to perform these services.

Cost: The cost of this contract is included in the STIP.

**Division Approval (if applicable)**

APPROVED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Division Approval as needed

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**Professional Services Committee Approval**

**Agree Disagree Signature Date**

Transportation Planning Director

\_\_\_\_\_\_\_\_\_\_\_\_

State Bridge Engineer

State Traffic and Highway Safety Engineer (if applicable)

APPROVED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Chair, Professional Services Committee