

Professional Agreement Invoice and Progress Report

Idaho Transportation Department



This page must be filled out monthly by the Consultant and forwarded to the Agreement Administrator with the monthly invoice. If necessary, attach additional sheets for continuation.

| | | | |
|--|------------------------------|---|---|
| Key Number | Project Number ITD RP 225 | Project Name ITD Prediction Models for ID Hwys | Date 11/6/2013 |
| Agreement Administrator Ned Parrish | | Progress Report Number KLK565-10 | Agreement Number UI-13-01 |
| Consultant | | | Report/Billing Period (From and To) 10/1/2013-10/31/2013 |
| Certification of Payment Submitted <input type="checkbox"/> Yes <input type="checkbox"/> No | Certification Date | PSA Number | Invoice Number Invoice - 8 |
| Description of Work Accomplished During the Month The project team collected traffic volume data at several stop-controlled intersections in Latah and Nez Perce counties. The data collection focused on traffic flow levels at minor streets. The data is needed for the two-way stop controlled intersection analysis. Data for the first facility "two-lane two-way roadway segments" was analyzed. For data from 113 sites, a preliminary HSM calibration factor of 0.829 was estimated. This value will be adjusted as more sites are included in the analysis. Data for "3-leg, minor stop controlled intersections" was analyzed. For data from 28 sites, a preliminary HSM calibration factor of 0.842 was estimated. This value will be adjusted as more sites are included in the analysis. Data for the "4-leg, minor stop controlled intersections" was analyzed. For data from 21 sites, a preliminary HSM calibration factor of 0.893 was estimated. This value will be adjusted as more sites are included in the analysis. | | | |
| Summary of Work Completed to Date (Milestones Completed and Dates) See Gantt Chart | | | |
| Information Required from ITD to Avoid Delays | | | |
| List Changes in Scope or Complexity Requiring a Supplemental Agreement or Time Adjustments | | | |
| Consultant's Signature | | Printed Name and Title Ahmed Abdel-Rahim, Principal Investigator | |

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|-----------------------------|--------------------------|------------------------------|------------------------------|
| Key Number | Program (Work Authority) | Progress Report Number 10 | Agreement Number UI-13-01 |
| Report Reviewed By | | | Review Date |
| The Following was Initiated | | | |

Status Report

A completed status report must accompany all Agreement invoices recommended for payment. The requested percentage measurements of progress to this report are required.

| | | | |
|--|---------------------------|---|--|
| Agreement Time 16 months | Time Passed 10 months | Percent of Agreement Time Elapsed 62.50% | Percent of Work Completed 45% |
| Original Agreement Amount \$65,200.00 | Supplemental(s) \$0.00 | Current Agreement Amount \$65,200.00 | Payments (Including this Payment) \$15,610.24 |
| Percent of Agreement Dollars Paid 23.95% | | | |
| Certification of Payment Submitted <input type="checkbox"/> Yes <input type="checkbox"/> No | Certification Date | Fixed Fee \$ | This Invoice \$ |
| | | To Date \$ | Negotiated \$ |
| If There is a Significant Variance Between the Percentages, Please Explain | | | |
| Consultant Invoice Number 8 | | This Payment Amount \$1,544.90 | |

Progress Payment: I certify that the Agreement provisions have been reviewed, the invoice amount checked, progress is substantiated, significant material expenses have support documentation (receipts), and the costs billed are project related and represent the work accomplished. I hereby approve the progress estimate for payment.

Final Payment: I certify that all work under the terms of the Agreement has been satisfactorily completed, any capital assets acquired have been delivered or value received, an affidavit of indebtedness received, and the project reviewed or audited and costs verified for work performed. I hereby approve final payment under the Agreement.

| | | |
|-------------------------------------|------|---|
| Agreement Administrator's Signature | Date | Second (Independent) Reviewer's Signature |
|-------------------------------------|------|---|

ITD RP225 UI-13-01 KLK565

| Task | Task Description | 2013 | | | | | | | | | | | | 2014 | | | |
|------|---|------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|------|-----|-----|--|
| | | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | |
| 1 | Document the HSM crash estimation procedure | 30% | 30% | 25% | 10% | 5% | | | | | | | | | | | |
| 2 | Project approach for site selection | | 20% | 20% | 40% | 20% | | | | | | | | | | | |
| 3 | Document the study methodology | | | | 50% | 20% | 20% | 10% | | | | | | | | | |
| 4 | Collect crash and roadway characteristic data | | | | 30% | 20% | 20% | | 20% | | | | | | | | |
| 5 | Data analysis | | | | | | | | 25% | 15% | 15% | 10% | | | | | |
| 6 | Project final report | | | | | | | | | | | 10% | | | | | |