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			Project Name		Date					
	ITD RP 223			ITD Eval. of Safety Imp	pact ID Signs	8/7/2013					
Agreement Admini	strator		Progress Re	port Number	Agreement Number						
Ned Parrish			KLK567-7		UI-13-02						
Consultant		Report/Billing Period (Report/Billing Period (From and To)								
				7/01/13-7/31/2013							
Certification of Pay	ment Submitted	Certification Date	PSA N	Number							
-	No				6						
Description of Wor		uring the Month									
	•	•	ed the testin	g for day time condition	S.						
				sh analysis model forms		her safety data.					
	•	•		finalized the survey instr		•					
exit survey.											
Summary of Work	Completed to Date	e (Milestones Completed ar	nd Dates)								
		ion completed (100%)									
Task 2: Test d		,									
		()	t for commit	ttee feedback (100%).							
				pleted inferential statisti	cs and created draft sat	fety performance					
model.	,	,				51					
Task 7: Create	ed the user acc	eptance survey (100%	6).								
See Gantt Cha	rt										
Information Requir	red from ITD to Ave	oid Delays									
momaton roqui											
List Changes in Se	ono or Complexity	Requiring a Supplemental	Agroomont or	Timo Adjustmente							
List Changes in Sc	cope of Complexity	Requiring a Supplemental	Agreement of	Time Adjustments							
Consultant's Signa	iture			Printed Name and Title							
				Michael Dixon, Princi	pal Investigator						

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Idaho Transportation Department

This page must be filled out by the Agreement Administrator.

Key Number	Program (Work Authority)	Progress Report Number	Agreement I	lumber				
		7	UI-13-02					
Report Reviewed By				Review Date				
The Following was Ini	tiated							

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		Time Passed			Percent	of Agreement Time	Elapsed F	Percent of Work Completed					
10 months		7 months				70.00%		60%					
Original Agreement Amount Suppleme		ental(s)	Current Agreement		mount	Payments (Includin	g this Payment) Percent c	of Agreement Dollars Paid				
\$51,518.70 \$0.00			\$51	,518.70		\$25,832.08			50.15%				
Certification of Payment Sub	ertification Date			_	nvoice	To Date		Negotiated					
🗌 Yes 🛛 🗌 No				Fixed Fee	\$		\$		\$				
If There is a Significant Varia	nce Betwe	en the Percentages	, Plea	se Explain									
Consultant Invoice Number					This Payment Amount								
6				\$5,	289.67								

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

Task Information																				Total % Tasl Completed
Task #	Month	01-15-13	02-01-13	02-15-13	03-01-13	03-15-13	04-01-13	04-15-13	05-01-13	05-15-13	06-01-13	06-15-13	07-01-13	07-15-13	08-01-13	08-15-13	09-01-13	09-15-13	10-01-13	Task leted
1	Create driver simulation		30%	30%	25%	2.5%	2.5%	3%	1%	1%	1%	2%	2%							100%
2	Test the driver simulation											30%	40%	30%						1 00%
3	Administer the finalized driver simulation														50%					50%
4	Complete a final analysis of the driver simulation experiment data																			0%
5	Perform literature review, obtain and review crash data used in previous IdaShield reports, and acquire necessary data to normalize the crash data into crash rates		25%	25%	35%	2.5%	2.5%	8%	0%	2%										100%
6	Complete the analysis of normalized crash data				10%	15%	15%	1 0 %	5%	5%	10%	5%	5%	5%	5%					90%
7	Create a survey to assess driver population acceptance of the IdaShield sign							5%	0%	0%	3%	40%	40%	6%	6%					100%
8	Administer the user acceptance survey																			0%
9	Analyze user acceptance survey data																			0%
10	Write report presenting findings and conclusions																			0%
11	Submit report to ITD technical advisory committee and FHWA representative																			0%
12	Present report summary to the TAC																			0%
13	Modify and submit final report to address comments																			0%

Project: ITD RP 223 ITD IdaShield Safety Evaluation (KLK567)