

EXHIBIT 15

FORM OF DRAW REQUEST AND CERTIFICATE

Draw Request # _____

Date: _____
month/day/year

Texas Department of Transportation
Fort Worth District Office
2501 Southwest Loop at McCart
Fort Worth, TX 76133

_____ "Entry Required in Cell"

A. Draw Request for Work performed for the period: _____ to _____
month/day/year month/day/year

B. Original Contract Amount

C. Approved Change Order Amounts

D. Revised Contract Amount (B+C)

E. Cumulative Amount Earned to Date

F. Cumulative Maximum Payment Schedule Allowance (this period from Exhibit 5)

G. Cumulative Amount of Previous Draw Requests

H. Amount Qualified for Payment this Period (Lesser of "E-G" or "F-G ") (includes Electronic Communications Allowance and Aesthetics and Landscaping allowance work described below)

I. Retainage Percentage this Draw Request for Record Drawings (1% of "H")

J. Current Amount Due ("H" - "I")	\$
Electronic Communications Allowance (this Draw Request)	\$
Aesthetics and Landscaping Allowance (this Draw Request)	\$

	\$0.00
	\$0.00
	\$0.00

Printed Name Developer's Project Manager	Signature	month/day/year
Printed Name TxDOT Program Manager	Signature	month/day/year
Printed Name Texas Department of Transportation	Signature	month/day/year

(Note: See Sheet 4 of 4 for Draw Request Checklist)



DRAW REQUEST NO. _____ CERTIFICATION

The undersigned hereby certifies that (choose applicable bracketed language):

- ◆ Except as specifically noted in this certification, all Work, including that of designers, Subcontractors, and Suppliers, which is the subject of this Draw Request has been checked and/or inspected by [the Professional Services Quality Control Manager with respect to Professional Services] [the Construction Quality Acceptance Firm with respect to construction Work];
- ◆ Except as specifically noted in this certification, all [Professional Services] [construction Work] which is the subject of this Draw Request conforms to the requirements of the CDA Documents;
- ◆ [The professional services quality program] [The Construction Quality Program] and all of the measures and procedures provided therein are functioning properly and are being followed; and
- ◆ [The Professional Services percentages and construction percentages indicated are accurate and correct.] [All quantities for which payment is requested on a unit price basis are accurate.]

Exceptions:

 Name: _____
 [PSQCM] [CQAF] Representative

 Date

Seal:

DRAW REQUEST CHECKLIST

Enclosed with this cover sheet are the following:

- Monthly progress report as described in Section ____ of the Technical Provisions
- Certifications by the Professional Services Quality Control Manager and the Construction Quality Acceptance Firm;
- Monthly report of personnel hours;
- Draw Request data sheet(s) and documents that support and substantiate the amount requested;
- DBE utilization reports;
- Cash flow curves and comparison to the Maximum Payment Schedule;
- An approved Project Status Schedule Update