



**QUOTES REQUEST (QR) FOR
MAINTENANCE RATING PROGRAM
(MRP) SERVICES**

FOR THE

TAMPA-HILLSBOROUGH COUNTY EXPRESSWAY AUTHORITY

PROJECT NUMBER: O-0425

The Tampa-Hillsborough County Expressway Authority ("THEA") is seeking quotes for the Maintenance Rating Program (MRP) services (the "Services"). Firms ("Vendor" or collectively the "Vendors") that are interested in submitting a quote for these Services should provide written notification, transmitted via e-mail to THEA's Procurement Department at Procurement@tampa-xway.com by **7/31/2024 @ 12:00 PM**.

I. Project Description

THEA took over maintenance operations in 2009 from the Florida Department of Transportation with Webber as our asset maintenance contractor. At the time, Webber contracted their own inspection company, but THEA decided to contract inspections directly to avoid any conflict of interest.

II. Scope of Services

THEA is seeking quotes from qualified Vendors to perform annual MRP inspection and reporting services per FDOT procedures to include 3 inspection cycles for the 2024/25 fiscal year as well as an annual average report for THEA's roadway facilities. THEA also intends to request additional out of cycle interim MRP inspections.

NOTE: The straight line diagram of roadway inventory and a past MRP report are attached as an example. The MRP inspection team is expected to generate 60 randomly selected points for each inspection cycle. **Vendors must hold current FDOT prequalification status to be found responsive to this QR.**

Please include pricing for the annual MRP services as well as up to 9 additional out of cycle MRP inspections priced per each.

III. QR Submittal Requirements

1. A comprehensive quote proposal must be delivered on or before the due date of **7/31/2024 @ 12:00 PM**, in accordance with the specifications set forth in the QR.
2. The quote must be binding for one hundred twenty (120) days after the date of opening.
3. When responding, please include the name and contact information of the individual(s) who will be handling the quote for this QR and identified as the project manager.
4. Include a list of any subcontractors the Vendor intends to use. All proposed subcontractors are subject to the approval of THEA, in its sole and absolute discretion.
5. Resume of Vendor's project manager and other key personnel proposed for the services.
6. Quotes are to be accompanied by the following required forms:
 - A. Public Entity Crime Form
 - B. Conflict of Interest Form
 - C. Drug-Free Workplace
 - D. Experience and References form
 - E. Certification Regarding Scrutinized Companies List
 - F. FDOT Prequalification Letter
7. One (1) original, combined pdf of the quote package including the required forms above must be emailed to THEA's Procurement Department, clearly labeled, "Quote Package O-0425 Maintenance Rating Program (MRP) Services" sent to: THEA's Procurement Department; Procurement@tampa-xway.com

IV. Selection Criteria

Selection criteria include, but are not limited to, the following:

- Completeness of quote proposals in responding to the information requested and in the format outlined;
- Proposed fees;
- Prior experience with projects of similar size and scope;
- Evaluation and availability of key personnel; and
- References' response.

V. Additional Information and Requirements of the QR

1. Quotes must be submitted via email, by **7/31/2024 @ 12:00 PM**. THEA will open all quotes privately. All electronic copies shall be submitted to THEA's Procurement Department at procurement@tampa-xway.com.
2. Questions about this QR for interpretation, clarification or about the project must be in writing addressed to THEA Procurement Department at Procurement@tampa-xway.com.
3. The Vendor should carefully examine this QR to ensure compliance with the services.
4. Quotes arriving after the due date and time will not be considered. Withdrawals of, or modifications to, proposals are effective only if written notice thereof is received prior to the time quotes are due. A notice of withdrawal or modification to a quote must be signed by an officer with the authority to commit the Vendor. Withdrawal or modifications will not be accepted after the time that quotes are due.
5. For any reason, or no reason, and without consent of or notification to any of the Vendors, THEA reserves the right, in its sole and absolute discretion to: (a) reject any and all quotes in whole or in part; (b) modify the conditions upon which this QR is issued; (c) add or delete firms from the selection process; (d) waive any minor irregularity in a quote; and (e) award the contract, or any portion thereof, to any firm or any combination of firms.
6. THEA is not responsible for any costs incurred by any Vendor in preparing and submitting a quote.

FORM A

PUBLIC ENTITY CRIMES FORM

SWORN STATEMENT UNDER SECTION 287.133(3)(a), FLORIDA STATUTES

1. This sworn statement is submitted to Tampa-Hillsborough County Expressway Authority
by _____
[print individual's name and title]

for _____
[print name of entity submitting sworn statement]

whose business address is _____

and (if applicable) its Federal Employer Identification Number (FEIN) is _____

(If the entity has no FEIN, include the Social Security Number of the individual signing this
sworn statement: _____.)

2. I understand that a "public entity crime" as defined in a Paragraph 287.133(1)(g), Florida Statutes, means a violation of any state or federal law by a person with respect to and directly related to the transaction of business with any public entity or with an agency or political subdivision of any other state or of the United States, including, but not limited to, any bid or contract for goods or services to be provided to any public entity or an agency or political subdivision of any other state or of the United States and involving antitrust, fraud, theft, bribery, collusion, racketeering, conspiracy, or material misrepresentation.

3. I understand that "convicted" or "conviction" as defined in Paragraph 287.133(1)(b), Florida Statutes, means a finding of guilt or a conviction of a public entity crime, with or without an adjunction of guilt in any federal or state trial court of record relating to charges brought by indictment or information after July 1, 1989, as a result of a jury verdict, nonjury trial, or entry of a plea of guilty or nolo contendere.

4. I understand that an "affiliate" as defined in Paragraph 287.133 (1)(a), Florida Statutes, means:

i. A predecessor or successor of a person convicted of a public entity crime; or

ii. An entity under the control of any natural person who is active in the management of the entity and who has been convicted of a public entity crime. The term "affiliate" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in the management of the affiliate. The ownership by one person of shares constituting a controlling interest in another person, or a pooling of equipment or income among persons when not for fair market value under an arm's length agreement, shall be prima facie case that one person controls another person. A person who knowingly enters into a joint venture with a person who has been convicted of a public entity crime in Florida during the preceding 36 months shall be considered an affiliate.

5. I understand that a "person" as defined in Paragraph 287.133(1)(e), Florida Statutes, means any natural person or entity organized under the laws of any state or of the United States with the legal power to enter into a binding contract and which bids or applies to bid on contracts for the provision of

FORM A

goods or services let by a public entity. The term "person" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in management of an entity.

6. Based on the information and belief, the statement which I have marked below is true in relation to the entity submitting this sworn statement. **[indicate with a check mark which statement applies.]**

_____ Neither the entity submitting this sworn statement, nor any officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of entity, nor any affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989.

_____ The entity submitting this sworn statement, or one or more of its officers, directors, executives, partners, shareholders, employees, members or agents who are active in the management of the entity, or an affiliate of the entity has been charged with and convicted of a public entity crime subsequent of July 1, 1989.

_____ The entity submitting this sworn statement, or one or more of its officers, directors, executives, partners, shareholders, employees, members or agents who are active in the management of the entity, or an affiliate of the entity has been charged with and convicted of a public entity crime subsequent of July 1, 1989. However, there has been a subsequent proceeding before a Hearing Officer of the State of Florida, Division of Administrative Hearings and the Final Order entered by the hearing Officer determined that it was not in the public interest to place the entity submitting this sworn statement on the convicted vendor list. **[attach a copy of the final order]**

I UNDERSTAND THAT THE SUBMISSION OF THIS FORM TO THE CONTRACTING OFFICER FOR THE PUBLIC ENTITY IDENTIFIED IN PARAGRAPH 1 (ONE) ABOVE IS FOR THAT PUBLIC ENTITY ONLY AND, THAT THIS FORM IS VALID THROUGH DECEMBER 31 OF THE CALENDAR YEAR IN WHICH IT IS FILED. I ALSO UNDERSTAND THAT I AM REQUIRED TO INFORM THE PUBLIC ENTITY PRIOR TO ENTERING INTO A CONTRACT IN EXCESS OF THE THRESHOLD AMOUNT PROVIDED IN SECTION 287.017, FLORIDA STATUTES FOR CATEGORY TWO OF ANY CHANGE IN THE INFORMATION CONTAINED IN THIS FORM.

Signature

Date

State of _____

County of _____

PERSONNALLY APPEARED BEFORE ME, the undersigned authority,

_____ who, after first being sworn by me, affixed his/her signature in
[Name of individual signing]

the space provided above on this _____ day of _____, 20_____.

_____ My commission expires: _____
Notary Public

[Notary Seal]

FORM B

CONFLICT OF INTEREST STATEMENT

Check one of the boxes below:

- To the best of our knowledge, the undersigned bidder has no potential conflict of interest due to any other clients, contracts, or property interest for this solicitation and project.

OR

- The undersigned bidder, by attachment to this form, submits information which **may** be a potential conflict of interest due to other clients, contracts or property interest for this solicitation and project.

BIDDER:

By: _____
Authorized Signature

Printed Name of Signer

Title of Signer

Date Signed

FORM C

DRUG-FREE WORKPLACE FORM

The undersigned firm, in accordance with Florida Status 287.087 hereby certifies that

_____ does:

Name of Business

1. Publish a statement of notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the workplace and specifying the actions that will be taken against employees for violations of such prohibition.
2. Inform employees about the dangers of drug abuse in the workplace, the business's policy of maintaining a drug-free workplace, any available drug counseling, rehabilitation, and employee assistance programs, and the penalties that may be imposed upon employees for drug abuse violations.
3. Give each employee engaged in providing the commodities or contractual services that are under bid a copy of the statement specified in Paragraph 1.
4. In the statement specified in paragraph 1, notify the employees that, as a condition of working on the commodities or contractual services that are under bid, the employees will abide by the terms of a statement and will notify the employer of any conviction of, or plea of guilty or nolo contendere to, any violation of Florida Statute 893 or of any controlled substance law of the United States or any state, for a violation occurring in the workplace no later than five (5) days after such conviction.
5. Impose a sanction of, or require the satisfactory participation in a drug abuse assistance or rehabilitation program is such is available in the employee's community, by any employee who is convicted.
6. Make a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs 1 thru 5.

As the person authorized to sign this statement, I certify that this firm complies with the above requirements.

Firm's Signature

Date

FORM D

<u>EXPERIENCE AND REFERENCES</u>				
<u>Experience</u>	<u>Total Dollar Vaue</u>	<u>Number of Contracts</u>	<u>Number of Government Contracts</u>	
1	State the total work volume and value that your organization has been responsible for in the past five (5) years in:			
2	List the dollar volume and number of government projects you have completed in the past five (5) years:			
3	Provide the following information on at least three (3) projects that Bidder has performed within the past five (5) years that were similar to this project. List chronologically, starting with the last project. Complete a new questionnaire for each representative project.			

EXPERIENCE AND REFERENCES

3.1 Project Title:

a.	Date Project Completed:	
b.	Project Name:	
c.	Total Project Cost:	
d.	Owner Address:	
e.	Owner Telephone:	
f.	Name of Reference for this Project:	
g.	Relationship of Reference to Owner:	
h.	Title and Position Reference held for this Project:	
i.	Firm name where Reference was employed for this Project:	
j.	Reference's Email:	
k.	Reference's Telephone:	
l.	List any other special criteria i.e specialized repair or equipment, etc. worked:	
m.	Describe your specific scope of work:	
n.	Specific scope of work cost:	
o.	Your Participation was: circle one	Prime / Sub
p.	Penalties imposed? (Yes or No; if Yes, explain):	
q.	Any liens, claims, or lawsuits? (Yes or No; if Yes, explain):	
r.	Any other pertinent information?	

EXPERIENCE AND REFERENCES

3.2 Project Title:

a.	Date Project Completed:	
b.	Project Name:	
c.	Total Project Cost:	
d.	Owner Address:	
e.	Owner Telephone:	
f.	Name of Reference for this Project:	
g.	Relationship of Reference to Owner:	
h.	Title and Position Reference held for this Project:	
i.	Firm name where Reference was employed for this Project:	
j.	Reference's Email:	
k.	Reference's Telephone:	
l.	List any other special criteria i.e specialized repair or equipment, etc. worked:	
m.	Describe your specific scope of work:	
n.	Specific scope of work cost:	
o.	Your Participation was: circle one	Prime / Sub
p.	Penalties imposed? (Yes or No; if Yes, explain):	
q.	Any liens, claims, or lawsuits? (Yes or No; if Yes, explain):	
r.	Any other pertinent information?	

EXPERIENCE AND REFERENCES

3.3 Project Title:

a.	Date Project Completed:	
b.	Project Name:	
c.	Total Project Cost:	
d.	Owner Address:	
e.	Owner Telephone:	
f.	Name of Reference for this Project:	
g.	Relationship of Reference to Owner:	
h.	Title and Position Reference held for this Project:	
i.	Firm name where Reference was employed for this Project:	
j.	Reference's Email:	
k.	Reference's Telephone:	
l.	List any other special criteria i.e specialized repair or equipment, etc. worked:	
m.	Describe your specific scope of work:	
n.	Specific scope of work cost:	
o.	Your Participation was: circle one	Prime / Sub
p.	Penalties imposed? (Yes or No; if Yes, explain):	
q.	Any liens, claims, or lawsuits? (Yes or No; if Yes, explain):	
r.	Any other pertinent information?	

FORM E
CERTIFICATION REGARDING SCRUTINIZED COMPANIES LISTS

This certification is required pursuant to Florida Statute, Section 287.135.

By executing this form and each and every renewal hereof (if renewal is separately provided for herein), pursuant to section 287.135, Florida Statutes, Consultant certifies, represents, and warrants that: (a) it is not on the Scrutinized Companies with Activities in Sudan List, (b) it is not on the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List, (c) it is not on the Scrutinized Companies with Activities in Iran Terrorism Sectors List, (d) that it does not have Business operations or is engaged in business in Cuba or Syria, and (e) that it is not engaged or engaging in a Boycott of Israel, and that all such certifications were true at the time it submitted its bid or proposal for this Agreement, as of the Effective Date of this Agreement, and as of the effective date of any renewal of this Agreement. Notwithstanding anything contained in this Agreement to the contrary, the Authority may terminate this Agreement immediately for cause if: (1) Consultant is found to have submitted a false certification regarding (a) – (e) above in accordance with section 287.135(5), Florida Statutes, (2) Consultant is found to have been placed on the Scrutinized Companies with Activities in Sudan List or the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List, or is or has been engaged in Business operations in Cuba or Syria or a Boycott of Israel, or (3) Consultant is found to have been placed on a list created pursuant to section 215.473, Florida Statutes, relating to scrutinized active business operations in Iran. Such termination shall be in addition to any and all remedies available to the Authority at law or in equity. The terms “Boycott of Israel” and “Business operations” used in this section are defined as in Section 287.135, Florida Statutes. The Lists referred to in this section are those Lists in and maintained pursuant to section 287.135, Florida Statutes.

Firm: _____

Firm FID or EIN: _____

Address: _____

City: _____ State: _____ Zip: _____

I hereby warrant that I am duly authorized to sign and bind on behalf of the company listed above as the “Firm”.

I hereby certify and affirm that the company listed above as the “Firm” certifies, represents, and warrants that: (a) it is not on the Scrutinized Companies with Activities in Sudan List, (b) it is not on the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List, (c) it is not on the Scrutinized Companies with Activities in Iran Terrorism Sectors List, (d) that it does not have Business operations or is engaged in business in Cuba or Syria, and (e) that it is not engaged or engaging in a Boycott of Israel, and that all such certifications were true at the time it submitted its bid or proposal for this Agreement, as of the Effective Date of this Agreement, and as of the effective date of any renewal of this Agreement. I understand pursuant to Florida Statute, Section 287.135, the submission of a false certification may subject the Respondent/Bidder to civil penalties, attorney’s fees and/or costs.

Firm:

By: _____

(Authorized Signature)

(Printed Name of Signer)

(Title of Signer)

(Date Signed)

Cost Center:
Contract #: THEA

**Florida Department of Transportation
Maintenance Rating Program
Evaluation Period: 3rd 2022-2023**

DATE RELEASED:
DUE:
RETURNED:
TYPE: Standard

DATE
DATE
MRP

SURVEY TEAM NAMES:
Jeff West (Lead)
Amanda Mitchell

DATE		PAVEMENT					ROADSIDE					TRAFFIC SERVICES					DRAINAGE					VEG/AESTHETICS																
Date	Facility Type	Section	SR#	Mile Post	FLEX	FLEX	FLEX	FLEX	RIGID	RIGID	RIGID	RIGID	RIGID	RIGID	RIGID	RIGID	RIGID	RIGID	RIGID	RIGID	RIGID	RIGID	RIGID	RIGID	RIGID	RIGID	RIGID	RIGID	RIGID	RIGID	RIGID	RIGID	RIGID	RIGID	RIGID	RIGID	RIGID	RIGID

4/4/2023	3	Gandy Conn.	618	0.9	-	-	-	-	Y	Y	Y	Y	-	-	-	-	-	Y	Y	-	-	-	-	-	Y	Y	-	-	-	Y	-	Y	-	-	-	Y	-	Y	Y	1				
4/4/2023	3	Gandy Conn.	618	1.1	-	-	-	-	Y	Y	Y	Y	-	-	-	-	-	Y	Y	-	-	-	-	-	Y	Y	Y	-	-	-	Y	-	Y	-	-	-	Y	-	Y	Y	2			
4/4/2023	3	Gandy Conn.	618	1.2	-	-	-	-	Y	Y	Y	Y	-	-	-	-	-	Y	Y	-	-	-	-	-	Y	Y	-	-	-	Y	-	Y	-	-	-	Y	-	Y	Y	3				
4/4/2023	3	Gandy Conn.	618	1.7	-	-	-	-	Y	Y	Y	Y	-	-	-	-	-	Y	Y	Y	-	-	Y	Y	Y	Y	-	-	-	-	-	Y	-	-	-	Y	-	Y	Y	4				
4/4/2023	1	10 002 000	618	0.9	Y	-	Y	Y	Y	-	-	-	-	Y	N	-	-	N	Y	Y	-	Y	-	Y	-	Y	Y	-	Y	-	Y	Y	Y	Y	Y	Y	Y	Y	-	Y	-	N	Y	5
4/4/2023	1	10 002 000	618	1.7	Y	-	Y	Y	Y	-	-	-	-	Y	Y	-	-	Y	Y	Y	Y	Y	-	Y	-	Y	Y	-	Y	-	Y	-	Y	Y	Y	Y	Y	Y	-	Y	-	N	Y	6
4/4/2023	1	10 002 000	618	2.3	Y	-	Y	Y	Y	-	-	-	-	Y	Y	-	-	Y	Y	Y	Y	Y	-	Y	-	Y	Y	-	N	-	Y	N	Y	Y	Y	-	Y	-	Y	-	Y	Y	7	
4/4/2023	1	10 002 000	618	2.5	Y	-	Y	Y	Y	-	-	-	-	Y	N	-	-	Y	Y	Y	Y	-	-	-	-	Y	Y	Y	Y	-	Y	-	Y	Y	Y	Y	Y	Y	-	Y	-	N	Y	8
4/4/2023	3	10 002 000	618	3.6	Y	-	Y	Y	Y	Y	Y	Y	Y	-	-	-	-	-	Y	Y	Y	-	-	-	-	Y	Y	-	-	-	Y	Y	Y	Y	Y	Y	Y	Y	-	Y	-	Y	Y	9
4/4/2023	3	10 002 000	618	4.0	Y	-	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	-	Y	Y	Y	Y	N	-	Y	Y	Y	N	-	Y	-	Y	Y	Y	Y	Y	Y	Y	Y	-	Y	-	Y	Y	10
4/4/2023	3	10 002 000	618	4.1	Y	-	Y	Y	Y	Y	Y	Y	Y	Y	N	Y	-	N	Y	Y	Y	Y	-	Y	Y	Y	Y	-	Y	-	Y	Y	Y	Y	Y	Y	Y	Y	-	Y	Y	N	Y	11
4/4/2023	3	10 002 000	618	4.7	Y	-	Y	Y	Y	Y	Y	Y	Y	Y	N	Y	-	Y	Y	Y	Y	Y	-	-	-	Y	Y	-	Y	-	Y	Y	Y	Y	Y	Y	Y	Y	-	N	-	N	Y	12
4/4/2023	3	10 002 000	618	4.9	Y	-	Y	Y	Y	Y	Y	Y	Y	Y	Y	-	-	Y	N	Y	Y	Y	-	Y	Y	Y	Y	-	Y	-	Y	Y	Y	Y	Y	Y	Y	Y	-	Y	-	Y	Y	13
4/4/2023	3	10 002 000	618	5.8	Y	-	Y	Y	Y	Y	Y	Y	Y	Y	Y	-	-	Y	Y	Y	Y	Y	-	Y	Y	Y	Y	-	Y	-	Y	Y	Y	Y	Y	Y	Y	Y	-	Y	-	Y	Y	14

Cost Center:
Contract #: THEA

**Florida Department of Transportation
Maintenance Rating Program
Evaluation Period: 3rd 2022-2023**

DATE RELEASED:
DUE:
RETURNED:
TYPE: Standard

DATE
DATE
MRP

SURVEY TEAM NAMES:
Jeff West (Lead)
Amanda Mitchell

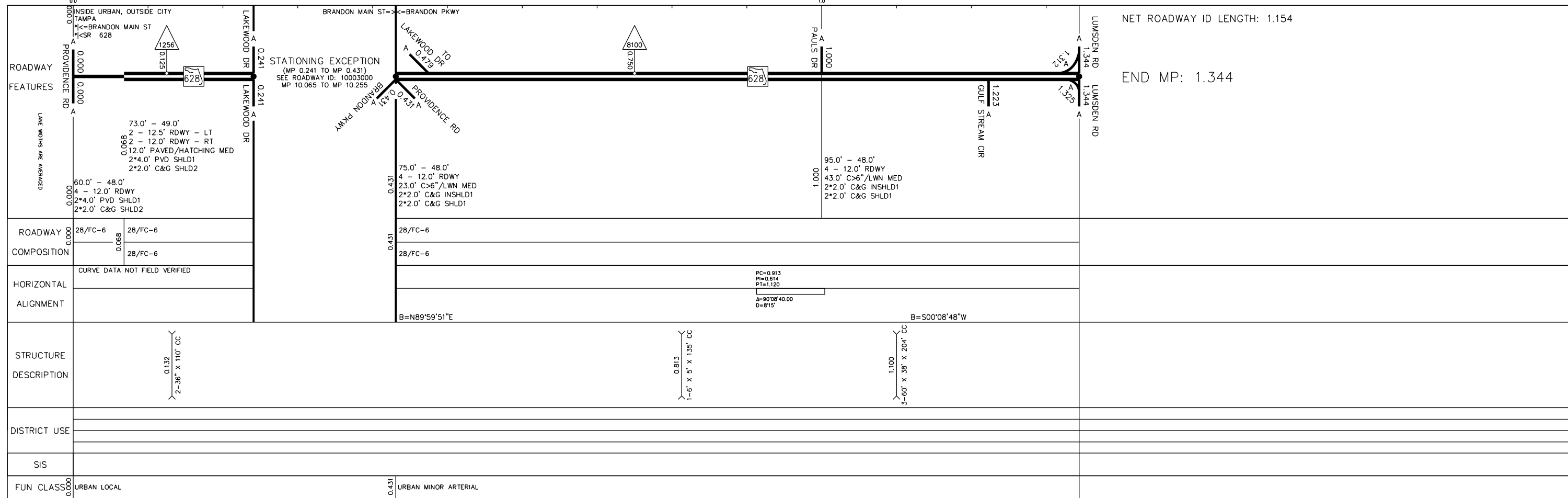
DATE					PAVEMENT					ROADSIDE				TRAFFIC SERVICES					DRAINAGE				VEG/AESTHETICS				
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Date	Facility Type	Section	SR#	Mile Post	E	L	F	F	F	F	R	R	R	S	H	G	O	U	D	P	E	F	R	S	L	O	P	E	S	I	D	D	O	U	T	F	A	L	S	E	L	C	H	S	E	G	R	O	A	D	S	L	O	P	E	E	T	R	E	E	S	E	C	O	N	T	R	F	L	T	U	R	F	C	O	N	D	I	T	I	O	N	R	E	C	O	N	D	I	T	I	O	N	R	E	C	O	N	D	I	T	I	O	N	R	E	C	O	N	D	I	T	I	O	N	R	E	C	O	N	D	I	T	I	O	N	R	E	C	O	N	D	I	T	I	O	N	R	E	C	O	N	D	I	T	I	O	N	R	E	C	O	N	D	I	T	I	O	N	R	E	C	O	N	D	I	T	I	O	N	R	E	C	O	N	D	I	T	I	O	N	R	E	C	O	N	D	I	T	I	O	N	R	E	C	O	N	D	I	T	I	O	N	R	E	C	O	N	D	I	T	I	O	N	R	E	C	O	N	D	I	T	I	O	N	R	E	C	O	N	D	I	T	I	O	N	R	E	C	O	N	D	I	T	I	O	N	R	E	C	O	N	D	I	T	I	O	N	R	E	C	O	N	D	I	T	I	O	N	R	E	C	O	N	D	I	T	I	O	N	R	E	C	O	N	D	I	T	I	O	N	R	E	C	O	N	D	I	T	I	O	N	R	E	C	O	N	D	I	T	I	O	N	R	E	C	O	N	D	I	T	I	O	N	R	E	C	O	N	D	I	T	I	O	N	R	E	C	O	N	D	I	T	I	O	N	R	E	C	O	N	D	I	T	I	O	N	R	E	C	O	N	D	I	T	I	O	N	R	E	C	O	N	D	I	T	I	O	N	R	E	C	O	N	D	I	T	I	O	N	R	E	C	O	N	D	I	T	I	O	N	R	E	C	O	N	D	I	T	I	O	N	R	E	C	O	N	D	I	T	I	O	N	R	E	C	O	N	D	I	T	I	O	N	R	E	C	O	N	D	I	T	I	O	N	R	E	C	O	N	D	I	T	I	O	N	R	E	C	O	N	D	I	T	I	O	N	R	E	C	O	N	D	I	T	I	O	N	R	E	C	O	N	D	I	T	I	O	N	R	E	C	O	N	D	I	T	I	O	N	R	E	C	O	N	D	I	T	I	O	N	R	E	C	O	N	D	I	T	I	O	N	R	E	C	O	N	D	I	T	I	O	N	R	E	C	O	N	D	I	T	I	O	N	R	E	C	O	N	D	I	T	I	O	N	R	E	C	O	N	D	I	T	I	O	N	R	E	C	O	N	D	I	T	I	O	N	R	E	C	O	N	D	I	T	I	O	N	R	E	C	O	N	D	I	T	I	O	N	R	E	C	O	N	D	I	T	I	O	N	R	E	C	O	N	D	I	T	I	O	N	R	E	C	O	N	D	I	T	I	O	N	R	E	C	O	N	D	I	T	I	O	N	R	E	C	O	N	D	I	T	I	O	N	R	E	C	O	N	D	I	T	I	O	N	R	E	C	O	N	D	I	T	I	O	N	R	E	C	O	N	D	I	T	I	O	N	R	E	C	O	N	D	I	T	I	O	N	R	E	C	O	N	D	I	T	I	O	N	R	E	C	O	N	D	I	T	I	O	N	R	E	C	O	N	D	I	T	I	O	N	R	E	C	O	N	D	I	T	I	O	N	R	E	C	O	N	D	I	T	I	O	N	R	E	C	O	N	D	I	T	I	O	N	R	E	C	O	N	D	I	T	I	O	N	R	E	C	O	N	D	I	T	I	O	N	R	E	C	O	N	D	I	T	I	O	N	R	E	C	O	N	D	I	T	I	O	N	R	E	C	O	N	D	I	T	I	O	N	R	E	C	O	N	D	I	T	I	O	N	R	E	C	O	N	D	I	T	I	O	N	R	E	C	O	N	D	I	T	I	O	N	R	E	C	O	N	D	I	T	I	O	N	R	E	C	O	N	D	I	T	I	O	N	R	E	C	O	N	D	I	T	I	O	N	R	E	C	O	N	D	I	T	I	O	N	R	E	C	O	N	D	I	T	I	O	N	R	E	C	O	N	D	I	T	I	O	N	R	E	C	O	N	D	I	T	I	O	N	R	E	C	O	N	D	I	T	I	O	N	R	E	C	O	N	D	I	T	I	O	N	R	E	C	O	N	D	I	T	I	O	N	R	E	C	O	N	D	I	T	I	O	N	R	E	C	O	N	D	I	T	I	O	N	R	E	C	O	N	D	I	T	I	O	N	R	E	C	O	N	D	I	T	I	O	N	R	E	C	O	N	D	I	T	I	O	N	R	E	C	O	N	D	I	T	I	O	N	R	E	C	O	N	D	I	T	I	O	N	R	E	C	O	N	D	I	T	I	O	N	R	E	C	O	N	D	I	T	I	O	N	R	E	C	O	N	D	I	T	I	O	N	R	E	C	O	N	D	I	T	I	O	N	R	E	C	O	N	D	I	T	I	O	N	R	E	C	O	N	D	I	T	I	O	N	R	E	C	O	N	D	I	T	I	O	N	R	E	C	O	N	D	I	T	I	O	N	R	E	C	O	N	D	I	T	I	O	N	R	E	C	O	N	D	I	T	I	O	N	R	E	C	O	N	D	I	T	I	O	N	R	E	C	O	N	D	I	T	I	O	N	R	E	C	O	N	D	I	T	I	O	N	R	E	C	O	N	D	I	T
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DATE	5 YR INV	SLD REV	BMP	INTERIM REVISIONS	SLD REV
BY	10/19/2011	12/08/2011		EMP	INV
	MEI/KA-AK	MEI/KA			

FLORIDA DEPARTMENT OF TRANSPORTATION
STRAIGHT LINE DIAGRAM OF ROAD INVENTORY

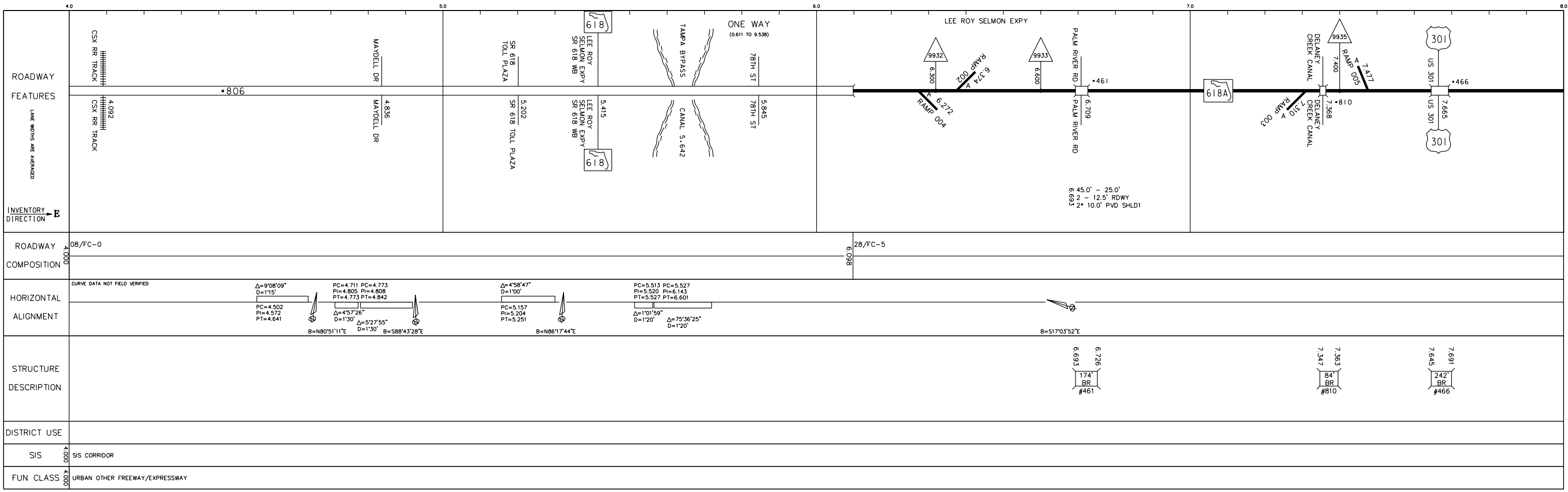
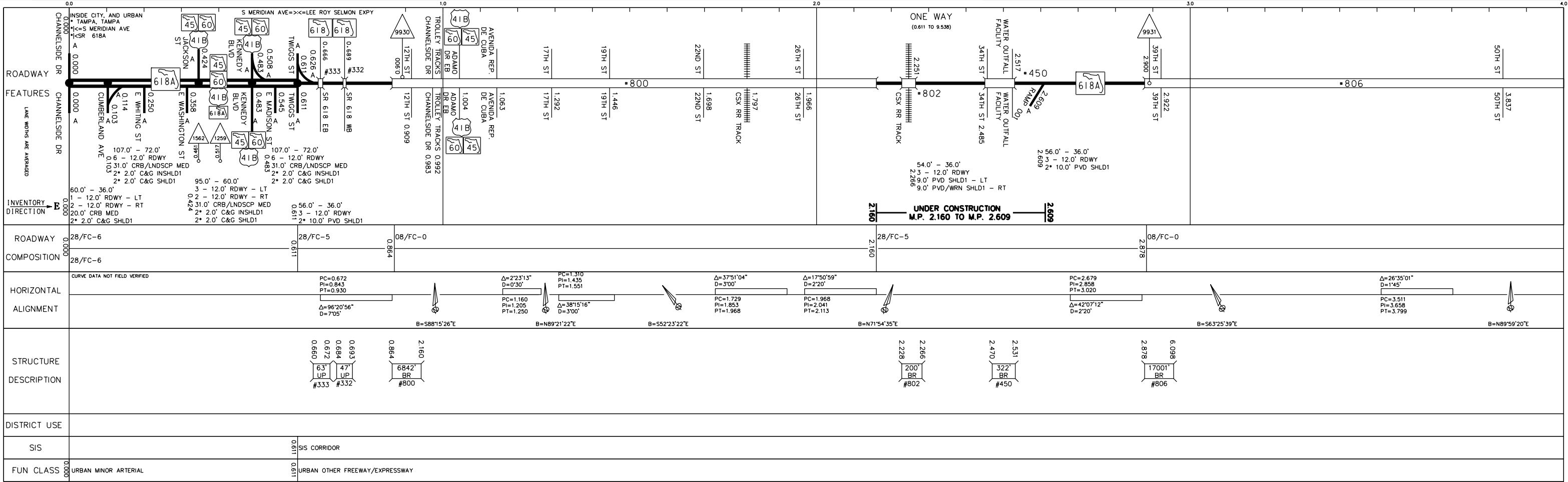
SECTION STATUS	INT. or US ROUTE NO.	STATE ROAD NO.	COUNTY	DISTRICT	ROADWAY ID	SHEET NO:
02		SR 628	HILLSBOROUGH	07	10 003 100	1 OF 1



FLORIDA DEPARTMENT OF TRANSPORTATION
STRAIGHT LINE DIAGRAM OF ROAD INVENTORY

SECTION STATUS	INT. or US ROUTE NO.	STATE ROAD NO.	COUNTY	DISTRICT	ROADWAY ID	SHEET NO.
02	USB 41	SR 618A	HILLSBOROUGH	07	10003000	1 OF 2

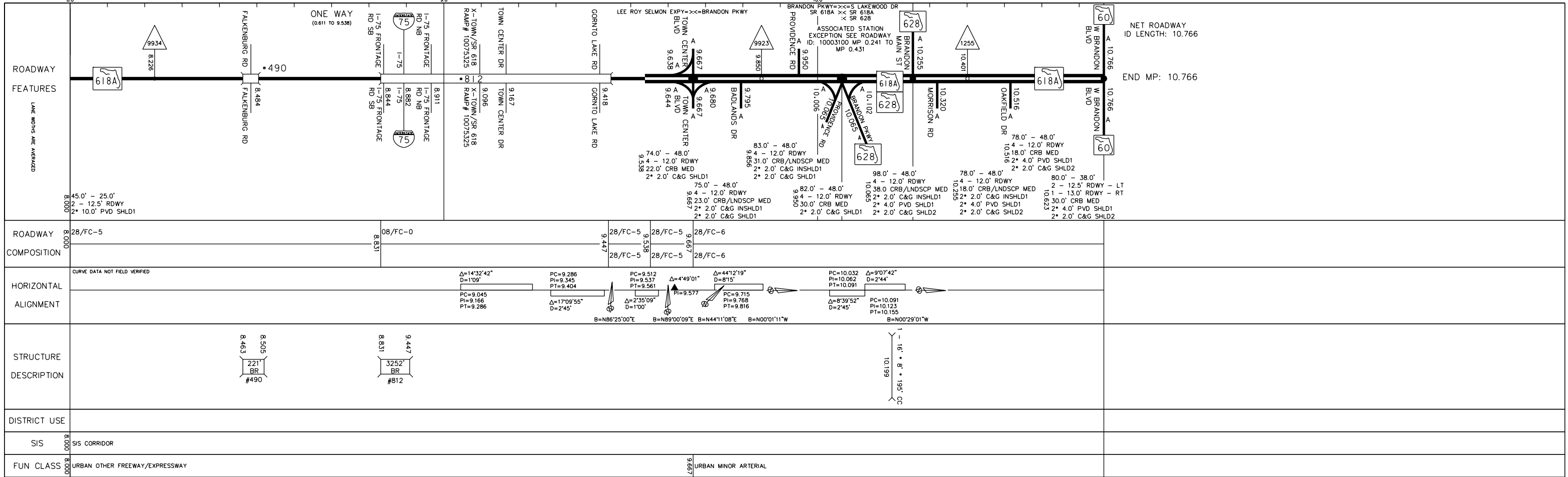
DATE	5 YR INV	SLD REV	BMP	EMP	INV	SLD REV
BY	12/15/2011	01/26/2012				
	ME/AK-MCS	ME/MCS				

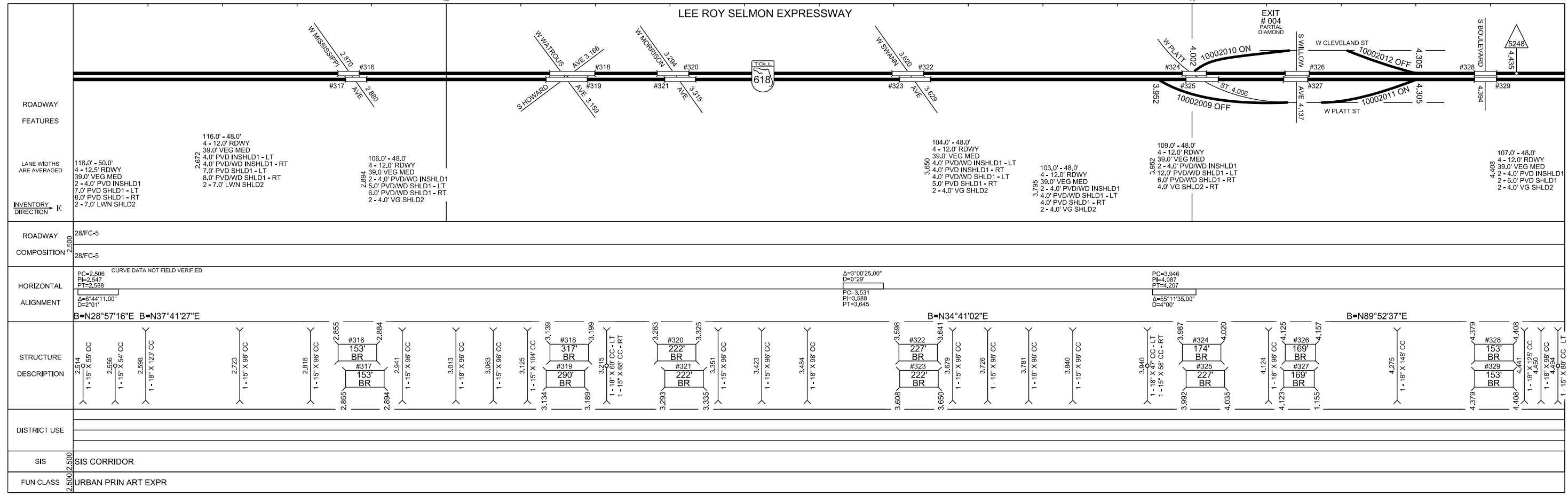
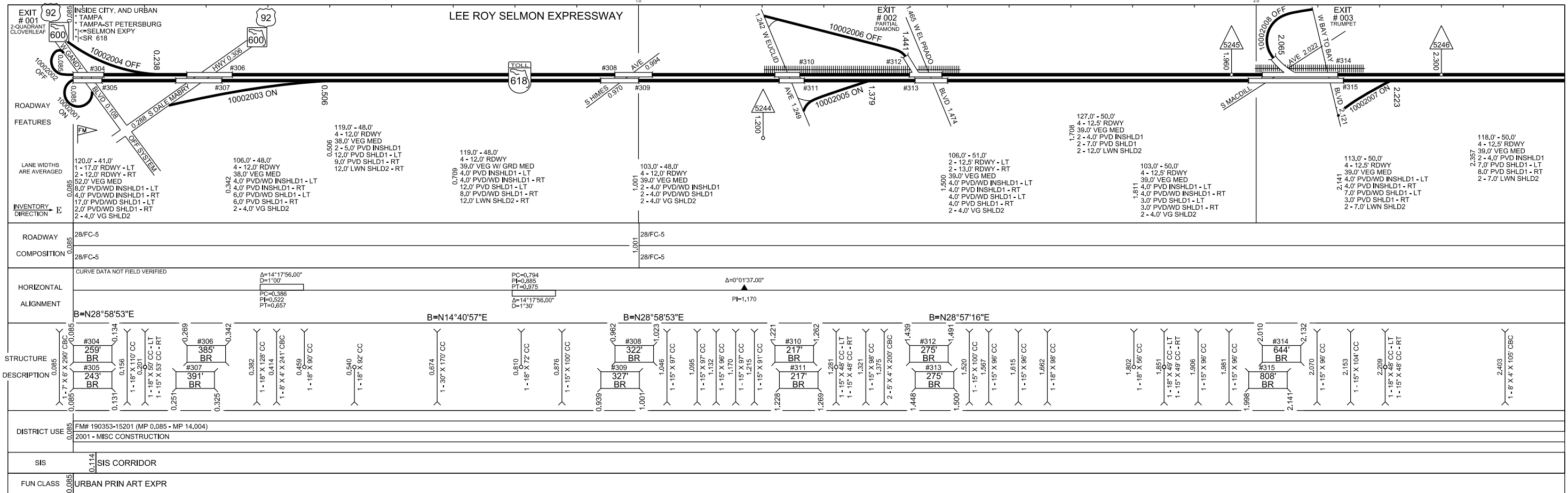


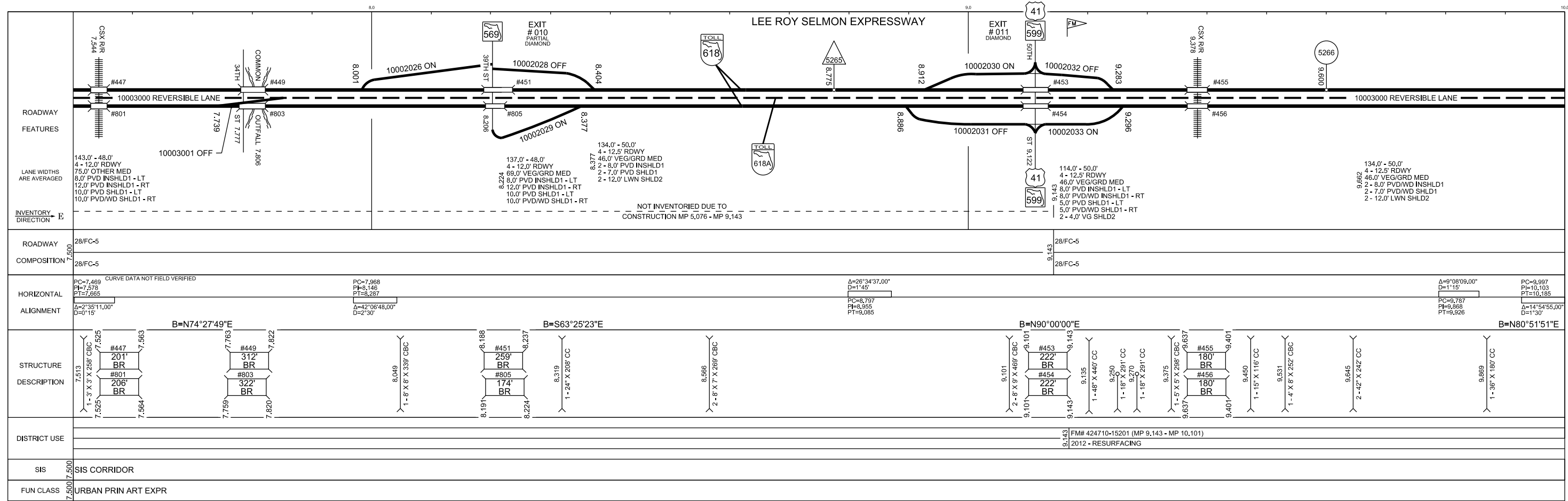
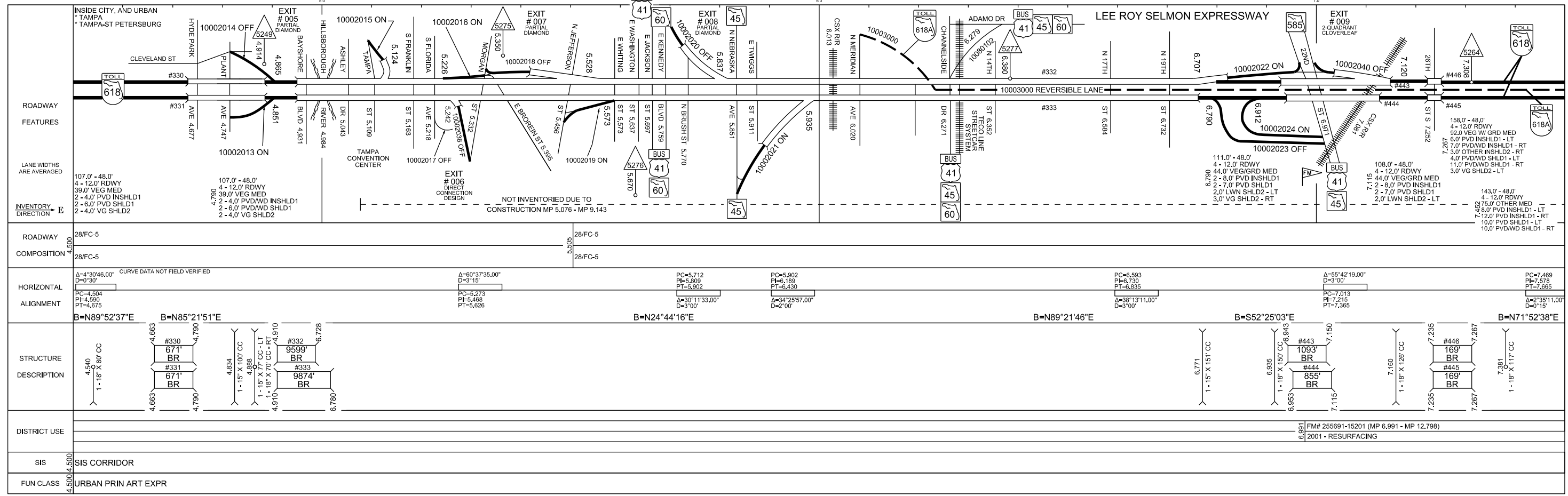
FLORIDA DEPARTMENT OF TRANSPORTATION
STRAIGHT LINE DIAGRAM OF ROAD INVENTORY

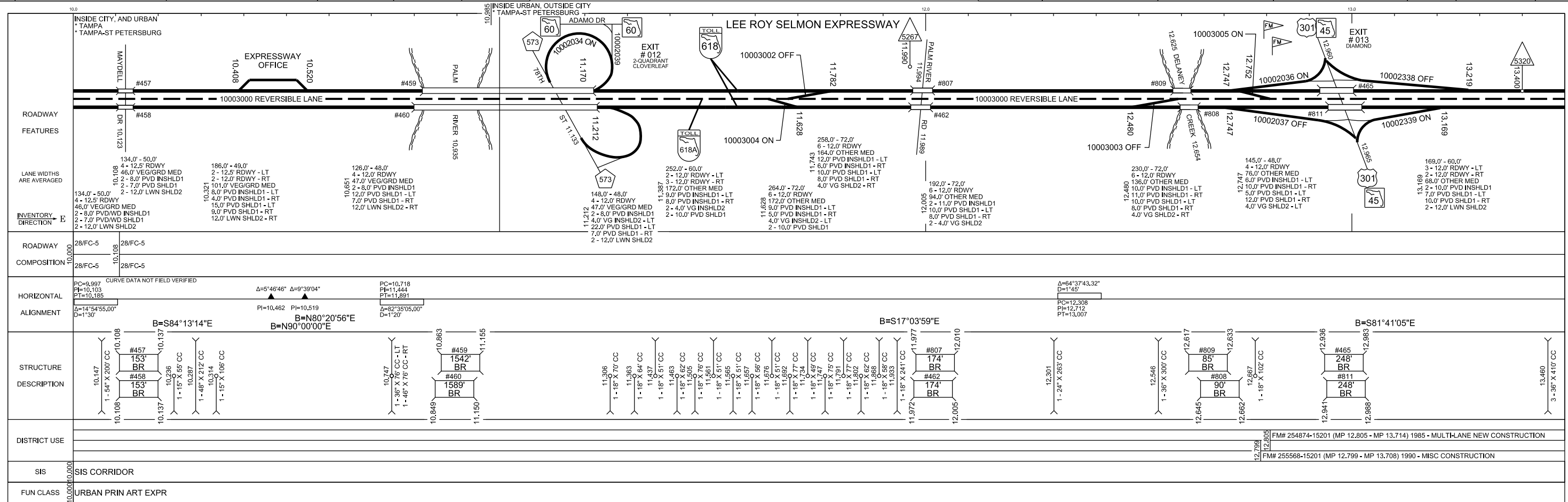
SECTION STATUS	INT. or US ROUTE NO.	STATE ROAD NO.	COUNTY	DISTRICT	ROADWAY ID	SHEET NO.
02	USB 41	SR 618A	HILLSBOROUGH	07	10003000	2 OF 2

DATE	5 YR INV	9.0 REV	BMP	EMP	INT. REVISIONS	INV	SLD REV
BY	12/15/2011	01/06/2012					
	ME/AK-MCS	ME/MCS					

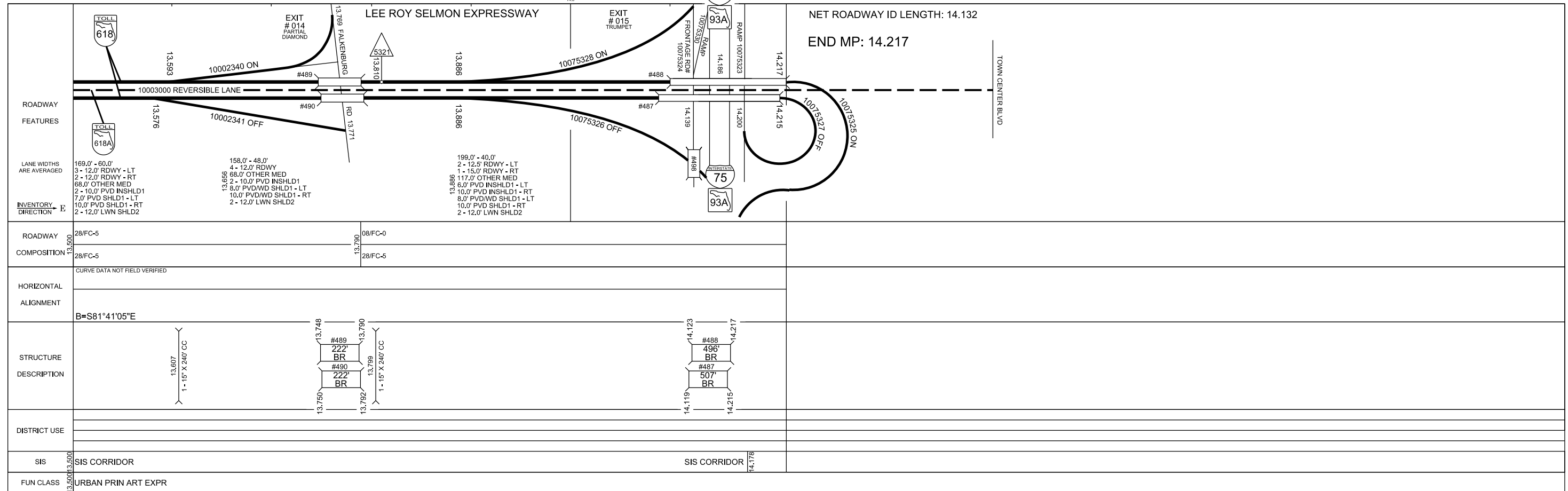








DISTRICT USE		SIS	SIS CORRIDOR
FUN CLASS	URBAN PRIN ART EXPR	FUN CLASS	URBAN PRIN ART EXPR



DISTRICT USE		SIS	SIS CORRIDOR
FUN CLASS	URBAN PRIN ART EXPR	FUN CLASS	URBAN PRIN ART EXPR

