**

**MAINE DEPARTMENT OF TRANSPORTATION**

**Contract Procurement Office (CPO)**

**Consultant Wage Rate Waiver Request Form**

**Consultant Firm:**       **WIN:**       **CSN:**

This request is for a waiver of MaineDOT’s reimbursement limit of **$87.13 per hour** under the Policy on Consultant Wage Reimbursement. Prime Consultants are to complete and submit this form **prior** to submitting their cost proposal package for the project. A completed A-1 form, and all other documentation supporting this request, must accompany this completed WRW request form when submitted for review and approval consideration.

|  |  |  |  |
| --- | --- | --- | --- |
| **Employee Name and Title/Classification** | **Check****If Sub Consultant** | **Proposed Unburdened****Direct Labor Rate[[1]](#footnote-1)** | ***App*roved *(CPO to enter)***  **Yes No** |
|  | **[ ]**  |       | [ ]  | [ ]  |
|  | **[ ]**  |       | [ ]  | [ ]  |
|  | **[ ]**  |       | [ ]  | [ ]  |
|  | **[ ]**  |  | **[ ]**  | **[ ]**  |
|  | **[ ]**  |       | [ ]  | [ ]  |
|  | **[ ]**  |       | **[ ]**  | **[ ]**  |

 **(Must be signed by Consultant’s Representative)**

By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Request Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Consultant Representative

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

 *(Printed Name & Title)*

**(MaineDOT Internal Use Only)**

Program Director: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ (or Designee) Date

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

 *(Printed Name & Title)*

CPO Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Contract Procurement Office: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

 Erin Binghalib, Director Date

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The Consultant is to describe below the unique circumstances surrounding this project that would justify this waiver request. This description **must** include information to demonstrate the justification for:

1. The rate(s) being higher than the stated limit of $87.13 per hour,
2. The need for specialized expertise for this project, and
3. The estimated number of hours each identified staff, for whom a wager rate waiver is being requested, will work on this project.

**Wage Rate Waiver Justification**

(INSERT JUSTIFICATION FOR WAIVER HERE).

1. For adjustable-rate contracts, a new Consultant Wage Rate Waiver Request Form must be submitted if there is a change in any previously approved rates above the hourly unburdened direct labor rate limits. [↑](#footnote-ref-1)