

# RECOMMENDATION TO GOVERNOR FOR CONTRACT AND BOND APPROVAL

DT25 2/2005

		Let Proposal Number
Project ID(s) 3240-17-60	Organization - Division	Bureau Project Development
	Originator Name	Title Chief Proposal Management Engineer
	Contract Amount	WisDOT Confidential Estimate
	\$	\$
Contract With	Contract Type	
of	<input checked="" type="checkbox"/> Let Construction <input type="checkbox"/> LFA (State) <input type="checkbox"/> LFA (Local) <input type="checkbox"/> Razing <input type="checkbox"/> Emergency Construction <input type="checkbox"/> Traffic Mitigation <input type="checkbox"/> Local Construction <input type="checkbox"/> Construction Eng <input type="checkbox"/> Design Eng <input type="checkbox"/> Survey <input type="checkbox"/> Bridge Design <input type="checkbox"/> Environmental <input type="checkbox"/> Railroads           Other:	

Project Description/Location  
 STH 32 - Storm Sewer Repair  
 7<sup>th</sup>Place,875 Sheridan Rd,11<sup>th</sup> Pl  
 Non HWY  
 Kenosha County

Date Let May 12, 2020	Date Awarded	<input type="checkbox"/> Bond Required	<input type="checkbox"/> Bond Not Required
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Project Requested By or Purpose  
 The purpose of this project is to address deteriorating storm sewer outfalls from the Wis 32 roadway to Lake Michigan. Storm sewer outfalls have failed due to shoreline erosion and previously installed end walls and sections of pipe have broken off due to surrounding bluff erosion.

Work Consists of  
 Stabilizing two of the three storm sewer outfalls and rerouting the storm sewer from the abandoned outfall to one of the other stabilized outfalls.

Consequences - If Not Approved  
 This project is needed to stabilize the shoreline. Failure to construct would leave the existing outlet structures unprotected and continued erosion of the shoreline at the storm sewer outfalls would result in more extensive failures of the storm sewer outfalls.

PROJECT FUNDING PERCENTAGES				
STATE I.D.	STATE FUNDS	FEDERAL FUNDS	LOCAL FUNDS	OTHER
3240-17-60	20	80		

### Contract Authority

I certify that this contract is financially and programmatically consistent with the approved annual operating budget or facilities program. I further certify that this request for Governor's approval meets all applicable state and federal statutes, rules, regulations, and guidelines. This certification is based upon a thorough and complete analysis of this request.

Forward to Department Secretary  X  (Contract Authority) \_\_\_\_\_ (Date) \_\_\_\_\_

Forward to Office of the Governor  X  (Department Secretary / Deputy Secretary) \_\_\_\_\_ (Date) \_\_\_\_\_

Return to Contract Authority  X  (Governor - Approval and Authorization) \_\_\_\_\_ (Date) \_\_\_\_\_