



Transportation Improvement Board
Updated Cost Estimate

Form generated on 13 Mar 2026

Agency **TENINO**
 TIB Project No **2-W-977(004)-1**
 Project Name **2026 Overlay - West City Limits to Miles Sand and Gravel**

BID OPENING
 Submit form PRIOR to award of contract

Current TIB Commitment
 \$ **670,158**

TOTAL COST ESTIMATE AT BID OPENING

DESIGN PHASE		CONSTRUCTION PHASE		
Design Engineering	Right of Way	Construction Engineering	Construction Other	Contract Amount
81,395	0	30,960	0	374,520
Phase Total	81,395	Phase Total		405,480
		Total Project Cost		486,875

Include a cost breakdown for Construction Other

DETERMINATION OF ELIGIBLE COST

Enter the current estimated totals for Landscaping and Other Noneligible Cost					
Engineering Over 30 Percent	Other Noneligible Cost	Total Landscaping Cost	Allowable Landscaping	Noneligible Landscaping	Total Noneligible Cost
0			0	0	0
Total Eligible Project Cost					486,875

Include a cost breakdown of Other Noneligible costs

Change in Eligible Total Project Cost (Total Eligible Project Cost - Previous Phase Eligible Cost)	-218,555
Calculated Total TIB funds	462,532
Based on the project ratio, the calculated surplus amount is \$207,626	
Enter -207,626 in Requested Change cell	
Requested Change	-207,626
Requested Total TIB funds	462,532

Enter explanation for the change in Total Project Cost in the space below

The unit bid prices for proposed work were less than estimate, which were based on previous bid tabulations.

Based on the cost information shown above, the agency requests a TIB fund surplus of \$207,626

FUNDING PARTNER PARTICIPATION

Update Funding Partner(s) and their current participation		
Funding Partners	Previous Commitment	Current Participation
TIB	670,158	462,532
TENINO	35,272	24,343
WSDOT	0	
	0	
	0	
	0	
	0	
	0	
	0	
	0	
	0	
TOTALS	\$705,430	\$486,875
Funding Partner Total is Correct		

- REQUIRED ATTACHMENTS**
- ▶ Submit BID TABULATIONS with Updated Cost Estimate
 - ▶ Submit construction consultant agreement with Updated Cost Estimate
 - ▶ Include a cost breakdown of Other Noneligible costs in cell B24
 - ▶ Enter brief explanation for COST DECREASE in cell B32

AGENCY OFFICIAL

By my signature below, I certify the costs shown are true and correct and I am authorized to financially indebt the agency.

 Printed or Typed Name

 Title

REGISTERED ENGINEER

I certify the bid tabulations are accurate and correct.

Carol Ruiz

 Printed or Typed Name

 Signature & Date

Digitally signed by Carol L Ruiz
 DN: c=US,
 E=cr Ruiz@gibbs-olson.com,
 O=Gibbs & Olson, CN=Carol L
 Ruiz
 Reason: I agree to specified
 portions of this document
 Date: 2026.04.03 07:48:12-0700'



 Signature & Date