DATE

Mr. David Siskowski

Division Head – Local Programs

Arkansas Department of Transportation

P. O. Box 2261

Little Rock, AR 72203

 Re: ***Job #***

 ***Job Name***

 ***County***

Dear Mr. Siskowski:

The full-time employee in responsible charge of the day to day oversight for the referenced project will be ***(INSERT NAME OF EMPLOYEE & TITLE)***. This letter certifies that the employee is aware of the duties and functions they are in charge of as outlined in the Agreement of Understanding. This employee may be reached by phone at ***(INSERT PHONE NUMBER)*** or by email at ***(INSERT EMAIL ADDRESS)***.

 Sincerely,

 ***NAME & OFFICE***

 ***(Sponsor’s CEO)***