|  |  |
| --- | --- |
| TRANSPORTATION | PROJECT REPORT |
| ***INITIAL PROJECT PROPOSAL*****Month Year**Project NameProject Type/Work TypePIN XXXXXXRoute XXXX/BIN XXXXXXX Carried over CrossedCity/Town/Village of NAMENAME CountyLocal Project Sponsor: NAMEdad_ MAP_revised |
| \\dot-smb\dot_shared\DOT Data\Miscellaneous\NYSDOT Branding\Dept of Transportation Logo-with gov and commish names-underlogo.jpg | fhwalogo |

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**PROJECT APPROVAL SHEET**

(Pursuant to SAFETEA-LU Matrix)

|  |  |  |  |
| --- | --- | --- | --- |
| **Milestones** | **Signatures** |  | **Dates** |
| **A.** Acceptance of IPP: | The IPP, as prepared in coordination with NYSDOT, is complete and correct according to the project application. |  |
|  |  |  |  |
| Responsible Local Official |  |
| **B.** Recommendation for IPP Approval: | The project cost and schedule are consistent with the Regional Capital Program. |  |
|  |  |  |
| Regional Planning and Program Manager |  |
|  |
| **C.** IPP Approval: | The project is ready to be added to the Regional Capital Program and project scoping can begin. |  |
|  |  |  |
| Regional Director |  |

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**PIN:** XXXX.XX

**PROJECT NAME:** Project name and type

**MUNICIPALITY:** City/Town/Village **COUNTY:** County

**ROUTE(S):** Road name(s); include State SH#(s) if applicable

**BIN(s):** Bridge number(s) and feature carried/crossed

**LIMITS:** Project termini

(include NYSDOT Milepoints and Reference Markers if applicable)

**GIS Identifier(s):** segment XXXX from milepoint XXXX to XXXX (to be supplied by DOT)

**For projects with multiple locations, attach Cost Breakout Sheet:** [ ]

**PROJECT LENGTH:**  XX.XX **CENTERLINE MILES** XX.XX **LANE MILES**

**FEDERAL AID SYSTEM:** NHS or Non-NHS or Not FA-eligible road

**FUNCTIONAL CLASS:** Number(s) and description(s) by highway segment

**EXISTING AADT:** XXXX (year) **PERCENT TRUCKS:** XX

**EXISTING CHARACTERISTICS OF CONCERN:** (list and describe applicable elements)

**ELEMENT MEASURE/INDICATOR**

Bridge(s) Condition Rating = XX.X; Sufficiency Rating=XX.X

List deficient structural element with rating.

Required repairs are beyond the capabilities of Department Maintenance forces.

Pavement Rating Surface score= X, Indicate dominant distress

Accidents XX ACC/MVM, Statewide Average=XX ACC/MVM

Traffic Signal Deficiencies

Other Pertinent Measure(s)

**PROBLEM DESCRIPTION:** Describe the problem(s) in more detail and its effect on the transportation system

**PROJECT OBJECTIVE(S):** Project objectives are what the project is meant to accomplish; the desired results of the project; the outcomes of the project that meet the identified needs or remedy stated problems. Therefore, objective(s) will be unique to each project.

Project objectives provide evaluation criteria (measures of effectiveness) for comparing how well alternative solutions fulfill identified needs. Objectives should be listed or grouped in order of importance.

**PROJECT** **ELEMENT(S) TO BE INVESTIGATED:** Check all that may apply. Refer to the Highway Design Manual to determine 1R, 2R, & 3R highway project category.

|  |  |  |  |
| --- | --- | --- | --- |
| [ ]  | Deck Replacement | [ ]  | Bridge Replacement, New Alignment |
| [ ]  | Minor Bridge Rehabilitation | [ ]  | Bridge Replacement, Existing Alignment |
| [ ]  | Major Bridge Rehabilitation |  |   |
| [ ]  | 1R Highway Resurfacing | [ ]  | 3R Highway Reconstruction |
| [ ]  | 2R Highway Restoration |  |  |
| [ ]  | Appurtenance Only | [ ]  | Traffic Control |
| [ ]  | Large Culvert Repair | [ ]  | Large Culvert Replacement |
| [ ]  | Other:sidewalks, shared use path, etc. (describe) |

**PRIORITY RESULTS:**[ ]  Mobility & Reliability [ ]  Safety [ ]  Security

 [ ]  Economic Competitiveness [ ]  Environmental Stewardship

**FUNDING SOURCE:** [ ]  100% State [ ]  Federal (Source: XXXXXXXXX)

**ENVIRONMENTAL RECOMMENDED CLASSIFICATION:**

|  |
| --- |
| **PROJECTED ENVIRONMENTAL PROCESS:** |
| **NEPA** | [ ]  | No Federal | [x]  | Class II, CE | [ ]  | Class III, EA  | [ ]  | Class I, EIS |
|  |  | Funds |  | [x]  C-list |  | [ ]  SAFETEA-LU |  | [ ]  SAFETEA-LU |
|  |  |  |  | [ ]  D-list |  | Applies |  | Applies |
|  |  |  |  |  with doc. |  |  |  |  |
| **SEQR** | [ ]  | ~~Exempt~~ | [ ]  | Type II | [ ]  | Non-Type II | [ ]  | Type I |
|  | Not for local proj’s | [ ]  | Unlisted – NoEffect |  | [ ]  EA |  | [ ]  EIS[ ]  Neg Dec |

The following checklists are attached:

[ ]  Environmental Checklist

[ ]  Smart Growth Screening Tool

[ ]  Complete Streets Checklist

**MPO INVOLVEMENT:** [ ]  No [ ]  Yes TIP Name: XXXXXXXXXXX

 TIP No.: XXXXX

**TIP AMENDMENT REQUIRED:** [ ]  No [ ]  Yes-Needed by: XXXXX

**STIP STATUS:** [ ]  On STIP [ ]  Not on STIP

**NOTES ON SPECIAL CIRCUMSTANCES:** Describe (public sensitivity, environmental, cultural/ historic resources, political commitment, relation to other projects, etc.)

**SPECIAL TECHNICAL ACTIVITES REQUIRED:** Describe

**PLANNED PUBLIC INVOLVEMENT:** Note meetings/hearings and time frames

**PROBABLE SCHEDULE AND COST:**

**DESIRED LETTING:** Month Year

**SCHEDULE ISSUES:** [ ]  Public Hearing [ ]  Section 4(f)/106 Resources

 [ ]  Major Permits [ ]  Other issues: Describe

 [ ]  Consultant(s) for: Describe

 or [ ]  No consultant needed

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Project****Phase** | **Activity****Duration** | **Estimated****Cost** | **Fund** **Source** | **Obligation****Date** |
| Scoping  |  |  |  |  |
| Preliminary Design I-IV |  |  |  |  |
| Final Design V-VI |  |  |  |  |
| ROW Incidentals |  |  |  |  |
| ROW Acquisition  |  |  |  |  |
| Construction |  |  |  |  |
| Construction Inspection |  |  |  |  |
| **TOTAL** |  |  |  |  |

**BASIS OF ESTIMATE:** Explain. Attach estimate.

**PROGRAM DISPOSITION:** Scheduled for letting in \_\_\_\_\_\_\_\_\_\_\_\_\_ (to be added by Planning)

**PROJECT CATEGORY:** [ ]  Simple [ ]  Moderate [ ]  Complex

**STATEWIDE SIGNIFICANCE:** [ ]  No [ ]  Yes

 Remarks:

**SPONSOR’S PROJECT MANAGER:** Name, Title

**FUNCTIONAL AREA:** Division/Department

**PHONE:** Phone/Email

**NYSDOT LOCAL PROJECT LIAISON:** Name

**PHONE:** Phone/Email

**IPP PREPARED BY:** Name, Title

**DATE:** Date

IPP Shell updated 2-28-2018 by Dave MacEwan