TRANSPORTATION IMPROVEMENT PROGRAM FOR FY 2015-2020 **PROJECT DESCRIPTION FORM**

BASIC PROJECT INFORMATION

1.	Submitting Agency:
2	CLRP Parent Project

2.	CLRP	Parent	Project	Name:
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3.	Project Name:								
		Prefix	Route	Name			Modifier		
4.	Facility:								
5.	From (_ at):								
6.	To:								
7.	Description:								
8.	Agency Project ID:								
9.	Projected Completion Year:								
	 Project Status: _ New Project _ In previous TIP, proceeding as scheduled _ In previous TIP, delayed or reprogrammed 								
11.	Completed:								
Enν	vironmental Re	<u>eview</u>							
12.	Type: _ PCE; _ e	CE; _ D	DEA; _	EA; _ FONS	SI; _ DEIS; _ FEIS; _ I	F4; _ N/A			
13.	Status: _ Propos	sed for	prepar	ation; _ Un	der preparation; _ Pre	pared for review; _ Unde	r review; _ Approved		
Cor	nplete Streets	<u>.</u>							
14.	Bicycle/pedest	rian Ad	ccomm	odations:	_ Bicycle/pedestria	le/pedestrian project an accommodations inc strian accommodations			
15.	Does your juris	sdiction	n or aç	gency hav	e a Complete Streets	s policy? _ Yes _ No (If Yes, answer #16)		
16.	Choose one of	the foll	lowing	:	_ Complete Streets	s policy is not applicabl	e to this project		
			J		•	ances our Complete Str	· · · · · ·		
					• •	cempt (Identify exempt andfathered	ion from menu below)		
						er group prohibited by law			
					_	essive cost			
					_	sence of need vironmental			
					_	toric Preservation			
					_	ommodation of user group c	ontrary to		

Capital Costs

FISCAL YEAR	AMOUNT	PHASE	SOURCE	FED	STA	LOC

Jurisdiction/agency policy or plans